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Domestic Violence And Parental Substance Misuse In Child Welfare-Involved Families

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**DOMESTIC VIOLENCE AND PARENTAL SUBSTANCE MISUSE IN CHILD
WELFARE-INVOLVED FAMILIES**

by

BRYAN GARY VICTOR

DISSERTATION

Submitted to the Graduate School

of Wayne State University,

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for the degree of

DOCTOR OF PHILOSOPHY

2017

MAJOR: SOCIAL WORK

Approved By:

Advisor

Date

DEDICATION

For Moe,
who courageously spoke the truth,
transcended violence with love,
and freed others in the process.

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CHAPTER 1 INTRODUCTION

BACKGROUND

Child abuse and neglect remains pervasive in the United States. In 2014, 3.6 million allegations of abuse or neglect were reported to state and county-level child welfare systems across the country, with 2.2 million of these screened in for formal investigation (U.S. Department of Health and Human Services, 2016a). The child welfare workers who investigate these allegations are tasked with collecting information to determine if enough evidence exists to substantiate the claim, and therefore bring a child under the temporary care of the state. During these investigations, workers also identify any additional risk that might impair a parent or caretaker's ability to meet the safety and well-being needs of the child.

Identification of familial risk factors beyond the reported allegations is critical for child welfare systems to achieve their objectives of ensuring the safety of children and promoting the unity of families. More specifically, workers need to monitor risk factors throughout their contact with families in order to make appropriate decisions such as whether to place children into substitute care, which, if any, remedial services should be mandated for family members and whether it is safe to reunify children with their parents. Failure to identify familial risk factors, or the misidentification of risk factors could lead to errors in decision making or reduced efficacy in achieving outcomes given a mismatch between services rendered and actual need (Cash & Berry, 2002; Kohl, Barth, Hazen & Landsverk, 2005a).

While a growing literature indicates that risk factors have a direct impact on important child welfare decisions and outcomes, less attention has been paid to the

effects of co-occurring factors. This is an important knowledge gap to consider due to the implications of co-occurrence for treatment and intervention (Farley, Golding, Young, Mulligan & Minkoff, 2004; Kaysen et al., 2007), and the need to prioritize services given the resource limitations of child welfare systems and families.

This dissertation takes up this issue of co-occurrence by examining cases in which child welfare workers identify two of the most common and problematic familial risk factors: domestic violence and parental substance misuse. A substantial body of evidence suggests that both domestic violence (Kitzmann, 2000; Levendosky & Graham-Bermann, 2001) and parental substance misuse (Barnard & McKeganey, 2004; Famularo, Kinscherff & Fenton, 1992; Osborne & Berger, 2009) can significantly affect parenting capacity, and that their co-occurrence may create further disruption than if either was experienced in isolation (Illangasekare, Burke, Chander, & Gielen, 2013; Meyer, Springer & Altice, 2011).

The co-occurrence of these two factors among child welfare-involved families has been documented in the literature (Choi & Ryan, 2007; Kohl, Edleson, English & Barth, 2005b), but little research exists to evaluate the influence of dual identification on how children move through the child welfare system as well as the remedial supports offered to these parents. A set of three papers are presented here that seek to determine the impact of caseworker-identified domestic violence and substance misuse on child welfare decision-making and services.

Domestic Violence and Substance Misuse in Child Welfare-involved Families

Domestic violence. Domestic violence is a frequently identified risk factor in child welfare-involved families. A study of administrative child welfare data in

Washington state between July 1996 and June 1997 reported that domestic violence was present in 20% of all cases referred to CPS, in 38% of cases accepted for investigation, and in almost half of the cases designated as medium or high risk (English, Edleson & Herrick, 2005). Kohl et al. (2005b) used data from the first implementation of the National Survey of Child and Adolescent Well-being (NSCAW-I) to assess for these trends at the national level. Results suggested that approximately 33% of child welfare-involved families in the United States experienced active or past domestic violence, and that 60% of children placed in substitute care had previously been exposed to domestic violence.

Entry into foster care. Horwitz, Hurlburt, Cohen, Zhang, and Landsverk (2011) assessed for predictors of eventual entry into out of home care for youth receiving in home CPS supports. Based on data from the NSCAW-I, the study suggested that higher levels of physical domestic violence as measured by the original Conflict Tactics Scale (CTS) increased the odds of removal from the home and placement into substitute care. Building on these results, Ogbonnaya and Guo (2013) also used NSCAW data to conduct a time-to-event analysis with a sample of 1965 female caregivers. Childhood exposure to domestic violence (CEDV) was significantly associated with a reduced time between the opening of a CPS investigation and placement of a child into substitute care.

State-level studies support national findings that the presence of domestic violence as a risk factor significantly increases the likelihood of an open CPS case resulting in out of home placement (English et al., 2005). Marcenko, Lyons, and Courtney (2011) also found support for the increased rate of entry to out-of-home care for children exposed to domestic violence when using administrative child welfare data from Washington state.

In a sample of 747 mothers with CPS cases open for at least a month, approximately 39% of those whose child was removed from the home had experienced domestic violence, compared to 31% of those whose child received in-home child welfare supports.

Family reunification. The Adoption and Safe Families Act mandates reunification of children with their families as a top priority for the child welfare system (U.S. Congress, 1997). The two studies identified that assess CEDV in relation to family reunification are split as to whether those exposed are less likely to be reunified following a spell of foster care. Cheng and Li (2012) used a sample from NSCAW-I of 1760 children, and examined the influence of numerous covariates, including CEDV, on the likelihood of exiting foster care to reunification with their family. Childhood exposure to domestic violence was not significantly associated with an exit to family reunification. Using outcomes data from an evaluation of the national Comprehensive Community Mental Health Services for Children and Their Families Program, Farmer, Southerland, Mustillo, and Burns (2009) examined patterns of reunification for 1778 youth, ages 5 to 18, who had experienced a spell of out-of-home care. Children exposed to domestic violence were significantly less likely to be reunified with their families across the 18-month observation period compared to those without such an exposure.

Well-being after reunification. Only one study was identified that assessed the well-being of children exposed to domestic violence following an out-of-home placement. Using a sample of 604 children from the NSCAW-I, Bellamy (2008) assessed child psychological health for youth reunified with their families after a spell of out of home care. CEDV was not predictive of increased internalizing problems in reunified youth when compared to youth who had not been similarly exposed to domestic violence. Further

research is needed to better understand how CEDV influences movement through the child welfare system. Distinctions between past and active domestic violence will also be important given the centrality of the current home environment for achieving stable reunifications.

Substance misuse.

Measurement issues. It should be noted that prevalence estimates of parental substance misuse among child welfare-involved families can vary based on differences across studies in measurement, geographic location and the how the child welfare population is defined. Testa & Smith (2009) point out that estimates based of formal screening instruments such as the Composite International Diagnostic Interview-Short Form or the Diagnostic and Statistical Manual of Mental Disorders criteria are generally much lower than estimates determined by case record reviews. Regional variations in substance use may also influence reported prevalence, and rates will vary depending on level of CPS involved (i.e. those investigated versus parents with a child placed into foster care). The findings summarized here are presented with these qualifications in mind.

General prevalence. Parental substance misuse is among the most common risk factors identified by child welfare workers, and the impact of such use has been well documented. Besinger, Garland, Litrownik, and Landsverk (1999) examined the case files for 639 youth placed into foster care in a large California county. They report that 79% of caregivers met criteria for substance misuse, and that the majority of these cases were associated with neglect allegations rather than abuse. A more recent study of 5,504 youth placed into out-of-home foster care in which investigation records were

retrospectively reviewed found that 43% of youth came from families characterized by parental substance misuse (Barth, Wildfire, & Green, 2006).

Family reunification and foster care reentry. Studies have also found negative associations between identified parental substance misuse and important child welfare outcomes. For example, a study of all youth placed into foster care in Oklahoma between January 1999 and September 2013 (N = 28,978) found that rates of family reunification were significantly lower among families with parental substance misuse compared to those without such use (Brook, McDonald, Gregoire, Press & Hindman, 2010). Parental substance misuse has also been linked to reentry into foster care for youth who did achieve initial family reunification. A recent study of 7,752 Midwestern youth reunified with their families between 2009 and 2012 reported that children initially removed from the home due in part to identified parental substance misuse were nearly twice as likely to reenter foster care compared to those children for whom parental substance misuse was not a factor in their initial removal (Victor et al., 2016).

Sociodemographic correlates. A number of studies have examined the sociodemographic correlates of parental substance misuse among child welfare-involved families. Examining the substance misuse service needs in child welfare-involved families -- both in-home and out-of-home -- Libby et al. (2006) identified higher rates among white families (13%) compared to American Indian (8%), Black (11%) and Hispanic families (6%). For children placed into out-of-home care, parental substance use has been shown to be more common for families that live in urban versus rural settings (Barth et al., 2006). Besinger et al. (1999) examined age at the time of removal from the home, and found that children with parents who met the threshold for substance

misuse were significantly younger (4.5 years old) than children whose parents were not identified as abusing substances (7 years old).

Co-occurrence. Nearly all investigations of child welfare-involved families report the prevalence of risk factors independent of one another and therefore do not report on rates of co-occurring domestic violence and parental substance misuse. However, a few studies have limited their samples to families who are all experiencing domestic violence or parental substance use and therefore report on the rates of co-occurrence between these two behaviors. These studies help to elucidate the lived experience of many child welfare-involved families who rarely experience stressors or risk factors in isolation.

In a study of 354 child welfare-involved mothers who use substances, Choi and Ryan (2007) assessed for a range of co-occurring issues including domestic violence. Substance use was reported to co-occur with domestic violence in 35% of cases, and this co-occurrence was significantly associated with decreased rates of family reunification. Similarly, a nationally representative study using NSCAW data reported that among child welfare-involved families with active domestic violence, the primary caregiver was shown to also misuse substances in 31% of cases (Kohl et al., 2005b). Further research is needed that explores the socio-demographics of this this subgroup of families with co-occurring substance use and domestic violence as well as the factors that influence entry into and exit from the child welfare system including the role of child welfare workers in identifying and responding to this co-occurrence.

Role of the Child Welfare Worker

Child welfare systems in the United States represent a broad array of supports and interventions designed to ensure the safety and well-being of children at-risk for or

experiencing abuse and neglect. Largely governed by federal policies, but implemented at the state or county level, these systems are tasked with investigating allegations of child abuse or neglect, and then determining the appropriate set of remedial services in those instances where abuse or neglect is believed to have taken place. Child welfare workers are central to these efforts as the front line personnel responsible for putting formal child welfare policies into action. Their decisions about how to apply those policies have a material impact on children and families (Harris & Hackett, 2008; Stone & Stone, 1983).

This phenomenon of frontline workers making individual determinations on how to implement policy has famously been termed “street-level bureaucracy” (Lipsky, 1980). The act of interpreting and applying child welfare policy therefore makes frontline child welfare worker central figures in understanding how children enter under state supervision, whether they are placed into substitute care, and whether those children removed from the home are ultimately reunited with their families (Ryan, Garnier, Zyphur, & Zhai, 2006). This role as street-level bureaucrat starts at the initial decision for whether to screen in an allegation for formal investigation (Tumlin & Geen, 2000), and then continues in the allegation investigation itself where the worker begins to construct the case record.

Identifying domestic violence. Prior to the 1990s, child welfare systems rarely included domestic violence in their list of common risk factors to be assessed for during investigations as domestic violence was considered outside of child welfare’s jurisdiction (Schechter & Edleson, 1995). However, as researchers continued to find evidence that childhood exposure to domestic violence could potentially be harmful and that domestic

violence and child abuse frequently occurred within the same household (Bowker, Arbitell & McFerron, 1988), child welfare systems increasingly conceptualized domestic violence as directly related to their work (Findlater & Kelly, 1999; Whitney & Davis, 1999). A set of national guidelines now exist that encourage child welfare agencies to screen for domestic violence at all stages of a case (National Association of Public Child Welfare Administrators, 2001; National Council of Juvenile and Family Court Judges, 1999).

System adherence to these recommendations that agencies continuously assess for domestic violence has varied. In a survey of 72 child welfare agencies across the United States, Hazen et al. (2007) reported that 43% screened all families for domestic violence, and another 23% screened families at least three-quarters of the time. Almost all agencies assessed for domestic violence during allegation investigations (98.7%), and a sizeable majority (78%) also screened during post-investigation assessments prior to any placement into out-of-home care. Regular screening at all stages of a child welfare case -- as recommended -- was reported by 10% of participating agencies.

Recognizing a need for the integration of child welfare and domestic violence support services, the U.S. Departments of Justice and Health & Human Services funded a six site demonstration project known colloquially as the *Greenbook* Initiative (Banks, Dutch & Wang, 2008). Findings from the mixed-methods evaluation of the initiative indicate that explicit policy around domestic violence screening and referral is most useful for promoting increased assessment for domestic violence and linking affected families to the appropriate services (Banks, Landsverk & Wang, 2008). Demonstration sites saw significant increases in the assessment and identification of domestic violence following concerted efforts at policy reform and increased collaboration with community-based

domestic violence service agencies, however effective processes for holding domestic violence perpetrators accountability remained a challenge (Banks, Landsverk & Wang, 2008).

Screening and decision-making practices for domestic violence have also been assessed at the worker-level. Shepard and Raschick (1999) surveyed 40 child welfare workers in and around Duluth, MN about their practices for identifying domestic violence during investigations in a single year. Workers asked parents directly about experiences with domestic violence in 38% of cases, and of these cases, domestic violence was identified 72% of the time. In those cases where the worker did not ask directly, domestic violence was only identified 10% of the time based on other data sources. These findings suggest that identification practices related to domestic violence vary by case worker, and that direct questioning leads to higher rates of identification as later research also indicates (Magen, Conroy, Hess, Panciera & Levy Simon, 2001). Researchers must therefore account for worker-level influence on child welfare decision making, at least during the early stages of a case when there is heterogeneity in how a case record is constructed.

The increased rates of identification achieved through changes in policy and practice suggest systematic under-identification of domestic violence by child welfare workers. Kohl et al. (2005a) used an NSCAW-I sample of 3135 female caregivers to assess concordance between caregiver self-report of domestic violence in the past twelve months with caseworker identification of the same. While 31% of caregivers indicated that they had experienced domestic violence in the past year, caseworkers identified past-year domestic violence in only 12% of cases. Workers were most likely to under identify

the recent domestic violence victimization of the mother in those cases where the mother abused substances or had her own history of child abuse and neglect.

Identifying substance misuse. Unlike domestic violence, parental substance misuse has long been considered a risk factor for child welfare-involved families (Dore, Doris, & Wright, 1995; Pecora, 1989) based on substantial evidence that substance misuse can impact parenting capacity (Davis, 1990; Famularo, Kinscherff & Fenton, 1992). Yet despite this recognized need to identify parental substance misuse, child welfare systems in the United States often rely on unvalidated screening tools or general observations of the family to make an identification (Chuang, Wells, Bellettiere & Cross, 2013; Marsh, Smith & Bruni, 2011). This heterogeneity in identification practices coupled with variation in the definition of substance misuse across jurisdictions makes cross-system comparisons difficult (Staton-Tindall, Sprang, Clark, Walker & Craig, 2013).

Nevertheless, a number of studies have sought to examine factors associated with caseworker identification of parental substance misuse while remaining cognizant of limits on generalizability given the issues previously noted. Gibbons, Barth and Martin (2005) used data drawn from 4,037 families in the first wave of the NSCAW study to assess concordance between caseworker rating and validated self-report related to parental substance misuse service need. All families were involved with the child welfare system with children continuing to live in the home (i.e. not placed in foster care). While caseworkers reported active parental substance misuse in approximately 10% of all cases, only 4% of cases were classified this way based on a validated substance misuse screening tool using self-report. In addition, there was limited overlap between the two

groups with caseworkers indicating substance misuse in only 39% of cases where a parent met DSM-IV TR criteria for a substance use disorder.

More recently, Chuang et al. (2013) examined a sample of 401 primary caregivers drawn from the second cohort of NSCAW. Caregivers were included if they self-reported substance misuse based on two validated screening measures. This criterion was applied to permit a percentage calculation for the number of these cases identified by caseworkers and determine correlates of positive identification. Caseworkers identified substance misuse service needs in 41% of the cases included based on self-reported substance misuse. Caseworkers were less likely to identify an existing substance misuse service need when they had an elevated caseload, the biological father was the person under investigation and the main allegation was sexual abuse. Both this and the Gibbons et al. study (2005) indicate that caseworkers vary considerably in their screening and identification practices with regard to parental substance misuse.

Purpose

This dissertation seeks to develop the evidence base around the influence of domestic violence and parental substance misuse on child welfare decision-making and service delivery given the documented frequency with which they are identified in families, their association with poorer child welfare outcomes, and the potential interactive effects between them that may require specialized forms of intervention. Findings are based on analysis of administrative child welfare records drawn from two Midwestern U.S. states, and presented in a three-article format. Each article addresses the implications of caseworker-identified domestic violence and parental substance misuse on a particular facet of decision-making or service delivery, and is designed to stand alone as a

publishable article. Some overlap might therefore exist in the introductory sections of these articles –presented here as Chapters Two, Three and Four –but the methods, results and discussions are distinct. Chapter Two examines the influence of domestic violence and parental substance misuse on the decision to substantiate an allegation of past maltreatment when either or both behaviors are identified by a caseworker during an investigation risk assessment. Chapter Three investigates the differential impact of domestic violence and parental substance misuse on caseworker-perceived risk of future harm when these behaviors are considered as risk factors versus contributors to past maltreatment. In Chapter Four the sociodemographic and behavioral correlates of a domestic violence counseling need are assessed in a sample of parents with (a) children placed into foster care and (b) an established substance use disorder with the objective of helping child welfare workers to identify these co-occurring issues. Chapter Five synthesizes the findings from the three articles, and considers directions for future research in this area.

CHAPTER 2 DOMESTIC VIOLENCE, PARENTAL SUBSTANCE MISUSE AND THE DECISION TO SUBSTANTIATE MALTREATMENT

Introduction

Families that experience domestic violence and parental substance misuse are disproportionately involved with the child welfare system (Kohl, Edleson, English, & Barth, 2005b; Young, Boles & Otero, 2007). This is perhaps unsurprising given the considerable body of evidence linking these behaviors to higher rates of child maltreatment, and negative developmental outcomes (Choi & Ryan, 2007; Dong et al., 2004; Herrenkohl, Sousa, Tajima, Herrenkohl & Moylan, 2008; Walsh, MacMillan, & Jamieson, 2003). As a result, leading child welfare organizations now recommended that child protective services (CPS) workers regularly screen for domestic violence and substance misuse during investigation risk assessments (He & Phillips, 2017; National Association of Public Child Welfare Administrators, 2009; Schechter & Edleson, 1999).

The intended purpose of risk assessments is to assist CPS workers in preventing future maltreatment, but there is evidence that the information collected during these assessments also influences the decision to substantiate allegations of past abuse or neglect (English, Marshall, Coghlan, Brummel, & Orme, 2002). This influence of perceived risk on substantiation decisions holds even when controlling for family characteristics and collected evidence concerning the reported maltreatment (Cross & Casanueva, 2009; Dettlaff et al., 2011), suggesting that CPS workers occasionally substantiate allegations based on expectations of future harm and not judgments of past behavior as directed. This potential for CPS workers to substantiate based on expectations of future harm becomes particularly relevant in child welfare agencies using

two-tiered systems that require substantiation prior to the provision of services (Drake & Jonson-Reid, 2000). The requirement to substantiate prior to services creates a potential incentive for CPS workers to do so even when the details of the alleged maltreatment are unclear but risk is perceived to be high. Thus, although the concept of substantiation may be of limited utility in ensuring child safety (Kohl, Jonson-Reid, & Drake, 2009), it remains an important site of inquiry given its role in accessing the ability of the state to mandate intervention.

Two studies based on data from the first implementation of the National Survey of Child and Adolescent Well-Being (NSCAW-I) suggest that the identification of domestic violence and parental substance misuse during risk assessments follows this pattern of increasing the likelihood of substantiation. Kohl et al. (2005b) reported that 52% of investigations were substantiated when CPS workers identified active domestic violence during the risk assessment, but that rate fell to 22% when neither active domestic violence nor a history of such violence was identified. Similarly, Berger et al. (2010) observed an 18 percentage point increase in the probability of substantiation when parental substance misuse was identified as a familial risk factor. Although these studies appear to provide further evidence that perceived risk of future harm influences substantiation of past maltreatment, they did not account for the relationship between domestic violence or parental substance misuse and the alleged abuse or neglect. That is, it was unknown if the caseworker believed that the reported maltreatment was directly linked to domestic violence and parental substance misuse. As a result, it remains unclear how domestic violence and parental substance misuse, perceived by a case worker, influence their decision to substantiate unrelated allegations.

The purpose of the current study is to investigate the impact of domestic violence and parental substance misuse on substantiation when identified solely as risk factors. Data are drawn from a child welfare agency that records domestic violence and parental substance misuse as allegations when either is believed to have directly contributed to child abuse or neglect. Cases in which these behaviors are considered contributors to past harm (i.e. listed as a formal allegation) can therefore be filtered from the sample. This administrative practice, combined with the inclusion of both domestic violence and parental substance misuse in the agency's structured risk assessment, allows for an evaluation of how domestic violence and parental substance misuse—both individually and combined—impact substantiation decisions strictly in their capacity as risk factors. Ultimately, the findings from this study will provide a necessary step toward further understanding the influence of domestic violence and parental substance misuse on caseworker decision-making and the potential pathways into the child welfare system for these families.

Background

Although there is variance across agencies, it is now common practice for CPS policy to exclude childhood exposure to domestic violence and parental substance misuse from the formal definition of abuse or neglect (U.S. Department of Health and Human Services, 2016b). CPS manuals regularly include language explicitly stating that domestic violence and parental substance misuse must directly lead to harm or endangerment to be considered child maltreatment; simply living in a home where a parent misuses substances or is being victimized does not constitute child abuse or neglect. These qualifications around exposure to domestic violence and parental

substance misuse are often referred to as “per se” policies. Agencies with these policies require that maltreatment be directly attributable to domestic violence or parental substance misuse in order to substantiate them as allegations. This makes domestic violence and parental substance misuse distinct from other commonly identified parental characteristics such as mental health issues which can be listed as a risk factor but which is not considered for substantiation.

Exposure to Domestic Violence Per Se

Per se policies around exposure to domestic violence have evolved over time based on a praxis between research and child welfare practice (Friend, Shlonsky, & Lambert, 2008). Prior to the 1990s, researchers looking at domestic violence rarely considered its impact on children (Edleson, 2004). However, as evidence emerged =indicating that exposure to domestic violence per se could be harmful to children, child welfare agencies began to incorporate domestic violence into their definitions of abuse and neglect (Moles, 2008). While enacted with the best interests of children in mind, the inclusion of exposure to domestic violence per se as maltreatment often had unintended consequences. For example, the Minnesota legislature passed a law in 1999 that made all childhood exposure to domestic violence an actionable form of neglect based on emerging evidence that such exposure could lead to negative developmental outcomes (Edleson, Gassman-Pines, & Hill, 2006). Shortly after enactment, however, the child welfare agency was overwhelmed with skyrocketing caseloads, and legislators quickly revoked the law. This case then served as a caution to agencies across the country about the possible impact of including per se language in maltreatment definitions.

The debate over per se policy has also been shaped by the parallel accumulation of evidence showing that many children exposed to domestic violence are resilient to the stressor. For instance, Hughes and Luke (1998) evaluated 58 mother-child pairs residing in a domestic violence shelter. The authors found that 62% of the children were, in their words, "hanging in there" or "doing well", meaning few behavioral problems, low anxiety and high self-esteem. Grych et al. (2000) conducted a similar study, again with residents of a domestic violence shelter, to evaluate the psychological adjustment of 228 children (ages 8–14). The results revealed that over 30% of these children were coping well (i.e., demonstrating low externalizing and internalizing behaviors, high self-esteem) following recent exposure to domestic violence. Given that harm was not universally observed among these children, many scholars and advocates argued that exposure to domestic violence per se should not constitute child maltreatment (Edleson, 2004; Kantor & Little, 2003).

The court case of *Nicholson v. Scopetta* (2004) is reflective of this attempt to balance potential harm from exposure to domestic violence with the variability of its impact on children. During the 1990s, New York City's CPS agency routinely removed children from homes where domestic violence was present and placed them into substitute care (Moles, 2008). Official CPS policy was to consider a caretaker's "engagement" in domestic violence—either as the perpetrator or as the victim—to be in and of itself an act of child neglect meriting the child's removal from the home (Lansner, 2008). Believing this to be a violation of their constitutional rights and unjust punishment for victims of domestic violence, a group of New York City mothers filed a federal suit demanding an end to the use of "failure to protect" allegations in these circumstances.

After a series of federal and state supreme court hearings in which judges relied heavily on evidence of children's adaptive coping following such exposures, a settlement agreement was signed with the city near the end of 2004 banning the practice (Lansner, 2008). Following the settlement, the CPS agency was required to demonstrate that a child had endured harm as a direct result of exposure to domestic violence, and that CPS had no other recourse save removal to ensure the safety of the child (Moles, 2008). While the national impact of this ruling has not been assessed, the CPS policy of the child welfare agency in this study adheres closely to this framework.

Exposure to Parental Substance Misuse Per Se

The debate around parental substance misuse per se has primarily concerned exposure *in utero*. Numerous studies have documented the potential deleterious impact of prenatal exposure to alcohol and other substances, and many states have enacted laws mandating service providers to notify CPS when an infant is born with any trace of such substances in their body (i.e., per se exposure). This approach has come under criticism for its potential to deter pregnant women from seeking appropriate prenatal care (American College of Obstetricians and Gynecologists, 2011) and for being unnecessarily broad given the variability in how infants are impacted by different substances and levels of exposure (English, 1990). Nevertheless, many child welfare agencies have created a distinct allegation of "substance-exposed infant" for this particular scenario, and many continue to adhere to a per se approach with respect to *in utero* exposure.

Less attention has been given to parental substance misuse among caretakers after a child is born, perhaps due to the legality of alcohol (and increasingly, cannabis) use. There is also a lack of substantial evidence that exposure to parental substance

misuse alone results in harm; rather, parental acts of commission and omission related to misuse are what often lead to maltreatment. That is, parental substance misuse is only linked with maltreatment when it contributes to physical aggression or a failure to perform parenting duties such as supervision or proper child care (Kroll, 2004). As a result, CPS policy tends to treat parental substance misuse in the same way as domestic violence: it is screened for as a risk factor in all cases and recorded as an allegation when directly linked to harm or endangerment.

Theoretical Framework

The Decision-Making Ecology developed by Baumann, Dalgleish, Fluke, and Kern (2011) serves as the theoretical framework for examining the influence of domestic violence and parental substance misuse on the decision to substantiate. Informed by multi-disciplinary research into the science of human decision-making, this model conceptualizes the relationship between multiple factors that influence decisions in child welfare practice (see Figure 1). Each of the influencing factors is considered here in relation to the current study.

Case factors. In the context of substantiation decisions, case factors include the alleged maltreatment type, evidence of maltreatment collected during the investigation, information acquired during the risk assessment, and the sociodemographics of those named in the reported maltreatment. As previously noted, the identification of domestic violence and parental substance misuse during an investigation risk assessment has been shown to increase the likelihood of substantiation (Berger et al., 2010; Kohl et al., 2005b; Wolock, Sherman, Feldman, & Metzger, 2001). Sociodemographics can also

Figure 1. The Decision-Making Ecology



Source: Baumann et al. (2011)

influence the decision to substantiate. When controlling for risk assessment scores, Detlaff et al. (2011) report that substantiation is more likely if the child is identified as a race other than Anglo American and is under one year old, and when parents are married, have multiple children, and earn over \$40,500 a year.

The alleged maltreatment type is also important to consider when examining substantiation rates and the identification of other case factors. Eckenrode et al. (1988) observed variation in sociodemographic predictors of substantiation across maltreatment types. For example, allegations of sexual abuse were more likely to be substantiated when children were younger, while CPS workers substantiated physical abuse more often when the child named in the report was Hispanic. Pertinent to the current study, Chuang, Wells, Bellettiere, and Cross (2013) examined NSCAW-II data and found a substantial reduction in the odds of identifying parental substance misuse when the most serious allegation in an investigation was sexual abuse. While it is unclear whether lower

identification rates were due to lower substance misuse among those who sexually abuse or their children or lower likelihood of screening for substance misuse during these investigations, the findings make clear the need to control for maltreatment type when attempting to isolate the influence of a particular case factor on substantiation.

Decision maker factors. Decision maker factors refer to characteristics specific to an individual caseworker that influence the decision to substantiate an allegation. Each caseworker has a tendency to give different weight to certain details of a case or forms of maltreatment. Differences between caseworkers in terms of experience, relationships with colleagues, and adherence to formal CPS policy can all impact the likelihood of substantiation (Child Welfare Information Gateway, 2003).

There is also variance across workers in the use of risk assessments to make substantiation decisions. Lee, Sobeck, Djelaj, and Agius (2013) conducted focus groups with CPS workers in an urban Midwestern county to understand workers' de facto practice around using the agency's structured risk assessment for reaching decisions. Workers reported skepticism in the predictive accuracy of the risk tool, and particularly discounted past behavior and experiences such as caregiver's childhood sexual abuse. Workers also consistently set aside the risk assessment score in favor of clinical judgment when deciding whether to substantiate alleged maltreatment. Thus, accounting for variation in caseworker characteristics is critical when examining substantiation decisions.

Organizational factors. CPS workers do not operate independent of one another; they work within broader agencies whose rules, regulations, and cultures can influence how they practice and make decisions. Consequently, intra-agency differences (e.g., supervisors, district offices) can result in variation in workers' practices and decision-

making. For example, Detlaff et al. (2011) applied the Decision-Making Ecology Model to substantiation decisions in Texas and found that substantiation was more likely in certain regions of the state, even when controlling for case factors such as risk and allegation type.

External factors. The fourth and final category of influencing factors in the Decision-Making Ecology, external factors, acknowledges that child welfare agencies are open systems that can be influenced by external events. For example, Jagannathan and Camasso (2017) report that social outrage following high profile child fatalities has a temporary impact on child welfare decision-making. Likewise, domestic violence and parental substance misuse occasionally break into the public dialogue and this may exert some influence over the decision to substantiate when these risk factors are identified.

Current Study

The current study applies the Decision-Making Ecology Model to substantiation decisions following investigations in which neither domestic violence nor parental substance misuse was directly linked with the reported maltreatment. Caseworker-identified domestic violence and parental substance misuse are considered case factors in this framework, and multi-level modeling is used to control for decision maker and organizational factors. External factors were not accounted for in this study, a point addressed below in the limitations. The specific aim is to determine if and to what extent domestic violence and parental substance misuse influence substantiation decisions in unrelated cases of reported maltreatment when identified as risk factors.

Methods

Data Source

Data were obtained from an official record-sharing agreement between a statewide child welfare agency in the Midwestern United States and the Child & Adolescent DataLab at the University of Michigan School of Social Work. Based on this agreement, the agency provided the DataLab with a complete set of administrative records for all allegations of child abuse or neglect reported to the agency from 1997 through early 2016. The dataset contains a range of variables that document the timing and nature of each allegation, including the demographics of both the child who allegedly experienced abuse or neglect, and the adult(s) implicated in the allegation. Information on the CPS investigation related to each allegation is also contained in the dataset (e.g., the assigned investigation worker, type of allegation reported, identified familial risk factors, and the disposition for each allegation).

A set of established policies inform the CPS investigations for this particular statewide child welfare agency. All reports of child maltreatment are first assessed by the agency's central intake office to determine validity and compliance with statutory regulations. If determined to be valid (i.e., not a false report) and in compliance, the central intake worker generates allegations based on the available case information. Each allegation notes the type of reported maltreatment, the child who was maltreated, and the adult implicated. If more than one type of maltreatment was reported, multiple children were maltreated, and/or multiple adults were implicated then a set of allegations is generated from the same report. Once this is completed, the allegation (or set of allegations) is sent to the CPS office in the county where the maltreatment reportedly

occurred, and the office supervisor assigns the allegation(s) to a CPS worker from that office to investigate.

Typically, the CPS worker has 30 days to complete the investigation. However, if the initial report indicates that the child is either at risk of severe danger or is under the age of six and their caregiver is unwilling or unable to meet the child's basic needs, then the CPS worker is required to carry out an immediate face-to-face contact. Once contact is made, the CPS worker begins to collect information to determine the likelihood of past maltreatment and the risk of future harm to the child. To determine the likelihood of past maltreatment, a worker interviews the alleged child victim(s) and adult perpetrator(s), as well as any caretakers in the home. The worker also collects information from other sources such as school files, police records, and prior CPS reports, along with interviews with neighbors, relatives, and other service providers.

The risk of future harm is determined via a structured assessment tool that the CPS worker completes during their investigation. This tool is scored along a number of dimensions such as number of children in the home, caretaker's mental health, domestic violence, and parental substance use. At the end of the investigation, the worker uses the information gathered to determine if it is more likely than not that an allegation took place (i.e., substantiate the allegation[s]). Then, along with information from the risk assessment, CPS workers assign a risk level to the overall investigation that indicates the believed probability of future harm.

Sample

For this study, I examined a set of 506,628 allegations reported to the child welfare agency between 2009 and 2013. Allegations were excluded from the sample under three

conditions. First, allegations of domestic violence and substance abuse were excluded, along with any allegations contained within the same investigation. Domestic violence or substance misuse allegations are placed into the administrative records by the central intake worker based on the initial report of maltreatment or by the CPS worker when they uncover evidence that maltreatment was directly linked with either behavior. These allegations were excluded because of the current study's interest in substantiation decision-making by CPS workers following investigations of maltreatment that are unrelated to domestic violence and parental substance misuse. Second, re-referrals (e.g., subsequent allegations involving the same child) were excluded because decisions in these cases might have relied on information from previous investigations. Lastly, allegations that occurred while a child was placed in out-of-home care were excluded since investigation of these reports is carried out under a different protocol.

Measures

Case factors.

Substantiation. Substantiation was the primary outcome of interest for the current study. At the end of every investigation, the CPS worker assigns one of three findings to each allegation: no evidence, no preponderance, or preponderance. Unlike the criminal justice system with its evidentiary standard of "beyond a reasonable doubt," the child welfare agency in this study uses a preponderance standard for substantiating an allegation, which is common among states (Provencher, Gupta-Kagan, & Hansen, 2014). That is, if a CPS worker determines it is more likely than not that the alleged abuse or neglect occurred, a finding of preponderance is entered and the allegation is considered substantiated. Given the interest of the current study in whether a CPS worker believed the threshold for substantiation was met, the distinction between no

evidence and no preponderance was not meaningful; this variable was therefore dichotomized as either *substantiated* or *unsubstantiated*.

Domestic violence and parental substance misuse as risk factors. During each investigation, CPS workers use a structured risk assessment tool to identify risk factors for future maltreatment. This includes screening for domestic violence and parental substance misuse within the family. A risk factor of *domestic violence* is indicated for the family if at least one caretaker has a current or past relationship with an intimate partner in which more than two incidents of physical violence, threats, or intimidation occurred. A risk factor of *substance misuse* is indicated for the family if the primary caretaker's use of alcohol or drugs has impaired their own functioning or that of anyone else in the household over the past year (e.g., substance use led to problems related to employment, child care activities, etc.). Given the four possible outcomes when screening for these risk factors and the interest here in understanding the effects of identification individually and combined, a categorical variable was constructed and one of the following values was assigned to each allegation: neither identified, domestic violence only, substance misuse only, or both factors identified.

Inadequate housing. CPS workers also screened for *inadequate housing* during the structured risk assessment. This risk factor is recorded when families are experiencing homelessness, live in a home that is physically unsafe, or live in a home that does not meet minimum standards of cleanliness.

Allegation type. The set of administrative records contained 23 allegation types, including abandonment, medical neglect, physical abuse, severe physical injury, and others. After removing allegations of domestic violence and substance abuse, similar

allegation types were grouped together to create eight composite categories: failure to protect, improper supervision, maltreatment, physical abuse, physical/medical neglect, sexual abuse, threatened harm, and other allegations.

In the CPS manual for the child welfare system of interest in this study, *failure to protect* is defined as knowingly allowing another person to abuse and/or neglect a child without taking appropriate measures to ensure the child's safety. *Improper supervision* is indicated when either (a) a child is placed into an age-inappropriate situation that results in harm or the threat of harm, or (b) a caretaker does not remove a child from such a situation. *Maltreatment* is defined as acts of physical or psychological punishment against a child that a reasonable person would find either cruel or excessive (e.g., severe humiliation, physical restraint, etc.). *Physical abuse* is considered deliberate or premeditated behavior by a caretaker resulting in physical injury to the child. *Physical and medical neglect* represents a failure to meet the survival needs of a child in terms of food, clothing, or shelter, or a failure to acquire needed medical attention that results in harm to the child. *Threatened harm* occurs when a child is placed in a situation with a high probability of harm based on the circumstances of the situation or a parent's past history that increases the likelihood of future harm (e.g., record of a crime against a child). *Other allegations* include abandonment, intra-familial sibling violence, birth match, medical child abuse, shaken baby syndrome, mental injury, and child death.

Sociodemographics. *Gender* and *age at time of complaint* were available for both the child named in the allegation and the adult alleged to have committed abuse or neglect. *Race* (trichotomized as white, Black, or another race) was only available for the child.

Decision maker factors.

Assigned CPS caseworker. Each investigation is assigned to a county-based CPS worker. In rare cases, more than one worker is assigned to an investigation, generally with a distinction between who is the primary investigator and who is secondary. For this study, the *assigned CPS worker* was recorded as the first person assigned as the primary investigator and who remained on the investigation for the longest duration. In approximately 1% of investigations, a team of workers was assigned as the primary investigators for the case, and all members of the team remained on the investigation for the same length of time. In these cases, a team ID was assigned and treated as representing a single “worker” in subsequent multilevel modelling.

Organizational factors.

CPS county office. Once allegations are screened in, the intake worker sends them to the *CPS office* in the county where the alleged maltreatment occurred. By recording the CPS office responsible for overseeing the investigation, this variable accounts for the possible unobserved differences in organizational culture (i.e. supervisor attitudes and beliefs, practice in rural versus urban settings, etc.) between CPS offices within this agency. Use of this variable in multilevel analysis controls for these unobserved differences but cannot isolate which if any organizational factor influences the substantiation decision.

Data Analysis

To start, univariate and bivariate statistics were used to examine the sample of allegations and make comparisons by substantiation outcome using Chi-square and t-test analyses. Given the large sample size, nearly all bivariate tests of association were

likely to be statistically significant. Effect sizes were therefore calculated and assessed using Cohen's (1988) heuristics (0.10 = small effect, 0.30 = medium effect, 0.50 = large effect) to better evaluate the strength of these associations. Boxplots were also used to summarize the distribution of rates at which individual CPS workers identified domestic violence and parental substance misuse across the investigations assigned to them during the observation period.

The identification of domestic violence and/or parental substance misuse as risk factors was then regressed on substantiation outcome using multilevel logistic modelling (three levels were included: CPS county office, assigned CPS worker, and individual allegation). The model tested for an association between identification of these risk factors (neither, domestic violence only, substance misuse only, or both) and the decision to substantiate an allegation while controlling for possible confounding variables such as child and perpetrator sociodemographics, allegation type, and inadequate housing. Because independent sets of allegations could be investigated by the same CPS worker operating out of a county office with other workers, not all allegations were independent of one another in terms of the likelihood that domestic violence and parental substance misuse would be identified and the decision to substantiate (Baumann et al., 2011). By using a multilevel model, an interclass correlation coefficient could be determined to estimate the amount of variance in substantiation outcomes attributable to unobserved differences between CPS workers and CPS county offices. Predicted probabilities of substantiation based on identified risk were also determined from the posterior probability distribution of the model to further facilitate interpretation of the findings. All data cleaning was done using the statistical programming language R (R Core Team, 2016). Boxplots

were constructed in Tableau 10.1 and multilevel modeling was conducted in Stata 14.2 (StataCorp, 2015).

Results

Univariate Analyses

A summary of allegation characteristics is presented in Table 1. The primary independent variable in this study was whether domestic violence and/or parental substance use were identified as familial risk factors. Approximately 17% of allegations were contained in an investigation that identified domestic violence as a familial risk factor but not substance abuse, while just 2% of allegations were part of an investigation that identified parental substance abuse but not domestic violence. The majority of allegations (80%) belonged to an investigation where neither risk factor was identified, while 1.2% of allegations were part of an investigation in which both domestic violence and parental substance abuse were listed as familial risk factors.

Boys and girls were named in allegations just about equally, and the average age of the child at the time of allegation was 6.8 years old. White children made up over two thirds of those named in the allegations (69%), followed by Black children (29%) and children of other races (2%). In terms of alleged perpetration of abuse or neglect, women were implicated more frequently (60%) than men (40%), and the average age at time of allegation was 34.4 years old. The top three allegation types by volume were physical/medical neglect (23%), improper supervision (20%), and threatened harm (12%; see Table 1 for summary of remaining allegations).

Distribution of Identification Rates

While all CPS workers are provided the same structured risk assessment tool to identify domestic violence and substance misuse, it is possible that decision maker factors (e.g., types of allegations assigned, decision-making styles, personal beliefs, etc.) could lead to variation in the rates at which individual workers identify these risks. That is, some workers might indicate domestic violence and/or substance misuse often while others do so infrequently. The distribution of these identification rates were therefore plotted to assess the extent of this variation (see Figure 2). The median rate of identification of domestic violence across workers was 16.7%, and for parental substance misuse the median rate was 2.7%. Points along the boxplot are sized by the total number of investigations a given CPS worker completed during the observation period, to give a sense for variation based on experience.

Multilevel Logistic Regression Model

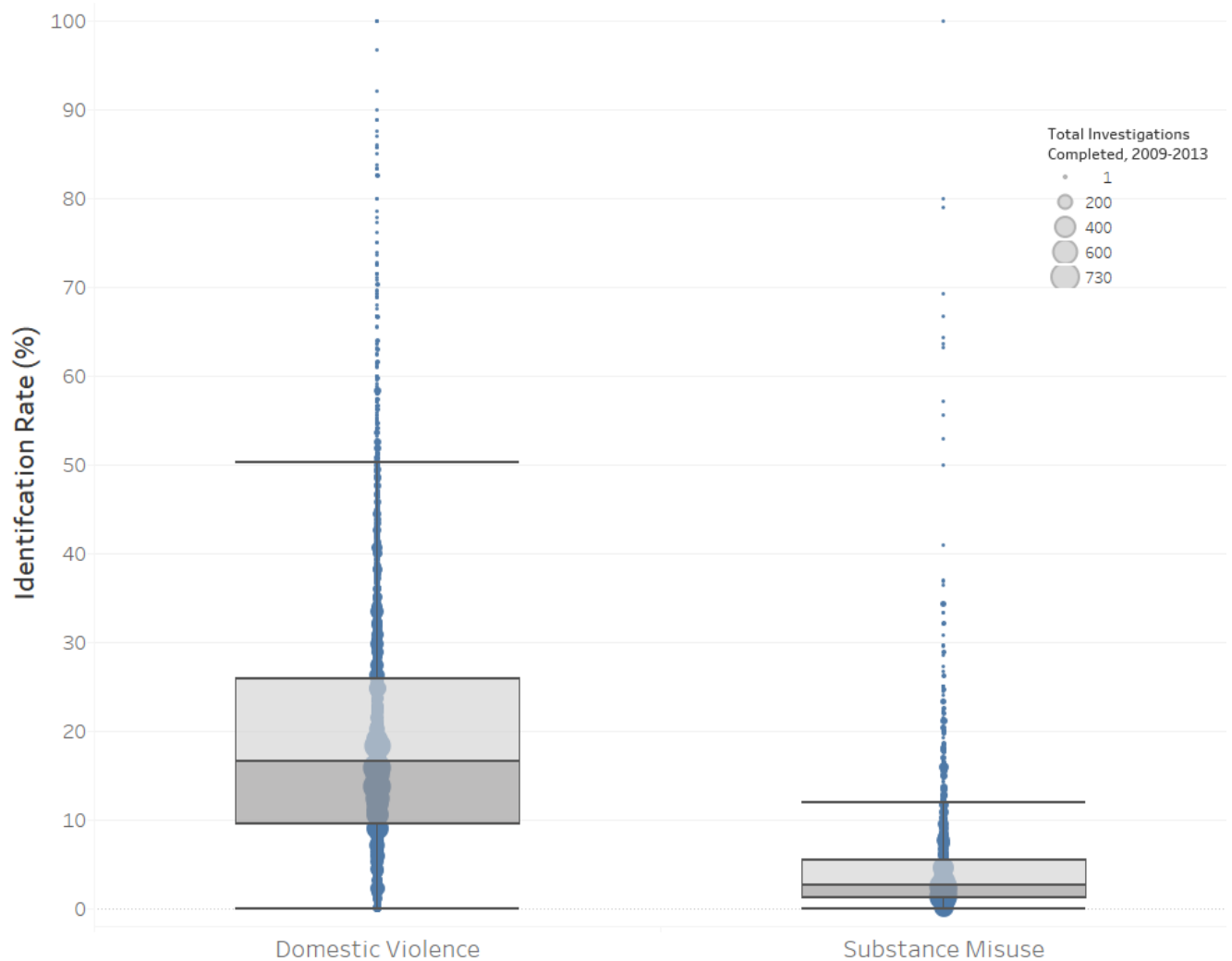
The adjusted odds ratios (AOR) and corresponding confidence intervals (CI) for allegation substantiation are presented in Table 2. After accounting for the nesting of allegation decisions within CPS workers and county office, and controlling for sociodemographics and allegation type, the identification of either domestic violence (AOR = 1.74, 95% CI [1.70, 1.79]) or parental substance misuse (AOR = 3.77, 95% CI [3.59, 3.98]) as a risk factor was associated with a greater likelihood of allegation substantiation. The likelihood was greater still when both domestic violence and parental substance misuse were identified as risk factors (AOR = 4.80, 95% CI [4.51, 5.10]). The intraclass correlation coefficient from the model suggests that while just 0.8% of the variance in the decision to substantiate occurred between county offices, 13.8% occurred

Table 1. Summary statistics

Variable	Overall (N = 506,628) N (%)	Not substantiated (N = 445,617) N (%)	Substantiated (N = 61,011) N (%)	Test statistic	
Family risk factors identified					
Neither domestic violence nor SM	407,088 (80.4)	366,009 (82.1)	41,079 (67.4)	χ^2 (df = 3) = 11,401*, V = .15	
domestic violence only	84,001 (16.6)	69,460 (15.6)	14,541 (23.8)		
SM only	9,343 (1.8)	6389 (1.4)	2954 (4.8)		
Both domestic violence and SM	6196 (1.2)	3759 (0.8)	2437 (4.0)		
Allegation type					
Failure to protect	60,513 (11.9)	55,490 (12.5)	5023 (8.2)	χ^2 (df = 6) = 9196.7*, V = .13	
Improper supervision	99,967 (19.7)	87,218 (19.6)	12,749 (20.9)		
Maltreatment	50,746 (10.0)	49,869 (11.2)	877 (1.4)		
Other	16,769 (3.3)	15,327 (3.4)	1442 (2.4)		
Physical abuse	73,800 (14.6)	64,492 (14.5)	9308 (15.3)		
Physical/medical neglect	115,833 (22.9)	99,816 (22.4)	16,017 (26.3)		
Sexual abuse	28,143 (5.6)	23,801 (5.3)	4342 (7.1)		
Threatened harm	60,857 (12.0)	49,604 (11.1)	11,253 (18.4)		
Gender (child)					χ^2 (df = 1) = 28.1* V = .01
Female	255,793 (50.5)	224,374 (50.4)	31,419 (51.5)		
Male	250,686 (49.5)	221,111 (49.6)	29,575 (48.5)		
Race (child)				χ^2 (df = 2) = 70.8*, V = .01	
White	346,128 (69.1)	305,153 (69.3)	40,975 (67.6)		
Black	146,275 (29.2)	127,707 (29.0)	18,568 (30.6)		
Some other race	8625 (1.7)	7579 (1.7)	1046 (1.7)		
Age (child) <i>mean(sd)</i>	6.8 (5.3)	6.9 (5.3)	6.2 (5.4)	t (df = 241,320) = 29.8*, d = .13	
Gender (alleged perpetrator)				χ^2 (df = 1) = 198.7*, V = .02	
Female	302,012 (59.8)	267,282 (60.1)	34,730 (57.1)		
Male	203,277 (40.2)	177,226 (39.9)	26,051 (42.9)		
Age (alleged perpetrator) <i>mean (sd)</i>	34.4 (10.3)	34.5 (10.4)	33.2 (10.1)	t (df = 256,140) = 30.3*, d = .13	

Note: domestic violence = domestic violence; SM = substance misuse; sd = standard deviation; V = Cramer's V; d = Cohen's d
* p < .05

Figure 2. Boxplots of caseworker identification rate for domestic violence and parental substance misuse at the investigation level, 2009-2013



between CPS workers, supporting the notion that worker characteristics exert some influence on the decision-making ecology.

Odds ratios from the multilevel logistic regression model allow for an assessment of associations between identification of risk factors and substantiation, but are not readily interpretable as the probability of substantiation (Viera, 2008). Predicted probabilities

based on the model's posterior distribution were therefore calculated to make more direct comparisons (see Figure 3). The predicted probability of substantiation if neither domestic violence nor parental substance misuse was identified during the investigation was 10.9%. If domestic violence but not parental substance misuse was identified, the probability rose to 16.7%, and to 27.8% if the reverse were true. The predicted probability of substantiation when both of these risks were identified was 32.0 %, nearly three times greater than if neither had been documented by the CPS worker.

Discussion

This study examined the impact of caseworker-perceived domestic violence and parental substance misuse on the likelihood that an allegation of child maltreatment would be substantiated. The sample of allegations was limited to cases where domestic violence and parental substance misuse were not implicated in the reported maltreatment in order to assess the influence of these behaviors as indicators of future risk rather than contributors to past harm. Within the framework of the Decision-Making Ecology, the findings here suggest that the identification of both domestic violence and parental substance misuse during the risk assessment significantly increases the probability that a caseworker will substantiate an allegation of abuse or neglect.

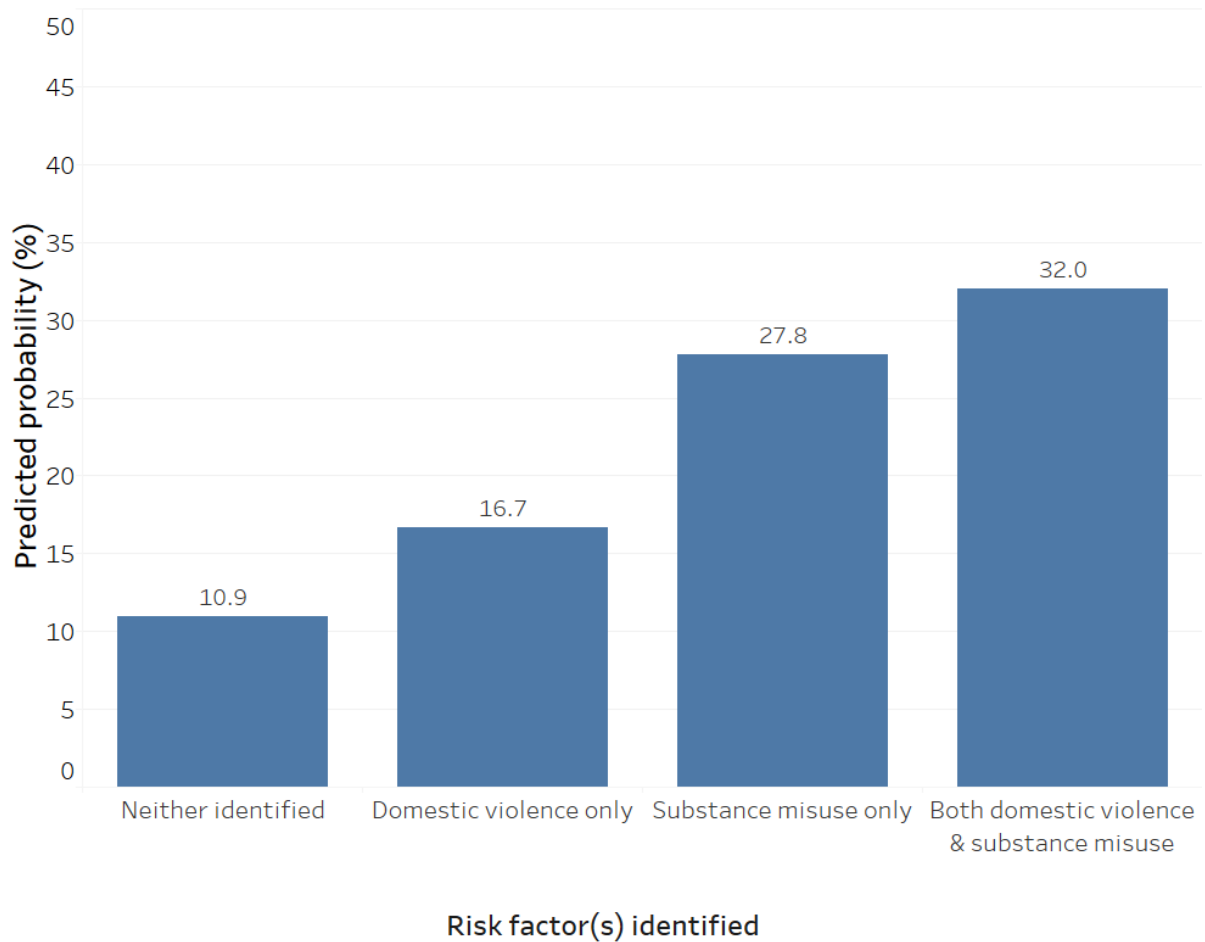
The effect of caseworker-perceived domestic violence and parental substance misuse was assessed when identified independently and when identified together. Identification of parental substance misuse alone nearly tripled the probability of substantiation compared to identification of only domestic violence. The magnitude and direction of the observed effects—a 16.9 percentage point increase in the predicted

Table 2. Results of multilevel logistic regression

Variable	Adjusted odds ratios	95% Confidence Interval	
Family risk factors identified			
Neither domestic violence nor SA	Ref	-	
domestic violence only	1.74	1.70 – 1.79	
SA only	3.77	3.59 – 3.98	
Both domestic violence and SA	4.80	4.51 – 5.10	
Allegation type			
Physical/medical neglect	Ref	-	
Failure to protect	0.70	0.67 – 0.72	
Improper supervision	1.13	1.10 – 1.17	
Maltreatment	0.11	0.10 – 0.12	
Physical abuse	1.22	1.19 – 1.26	
Sexual abuse	1.50	1.16 – 1.56	
Threatened harm	1.62	1.58 – 1.67	
Other	0.70	0.66 – 0.75	
Inadequate housing identified as a risk factor			
No	Ref	-	
Yes	7.05	6.83 – 7.27	
Gender (child)			
Female	Ref	-	
Male	0.95	0.94 – 0.97	
Race (child)			
White	Ref	-	
Black	1.27	1.24 – 1.30	
Some other race	1.11	1.02 – 1.18	
Age (child)	0.99	0.99 – 0.99	
Gender (alleged perpetrator)			
Female	Ref	-	
Male	1.21	1.19 – 1.23	
Age (alleged perpetrator)	0.99	0.99 – 0.99	
Level	Intra-class correlation coefficient	95% confidence interval	Standard error
CPS worker	13.8%	12.9% - 14.8%	.005
County agency	0.8%	0.4% - 1.3%	.002

Note. Likelihood ratio test comparing multilevel model to single-level model, $\chi^2 = 10,742.5$, $p < .001$.
Odds ratios with a 95% confidence interval that does not cross 1 are significant at an alpha level of .05
domestic violence = domestic violence; SA = substance abuse

Figure 3. Predicted probability of substantiation based on identification of domestic violence and/or parental substance misuse as familial risk factors



probability following identification of substance misuse and 5.8 percentage points for domestic violence—are nearly the same as those observed by Berger et al. (2010) for these risk factors using NSCAW-I data. The replication of these findings using investigations carried out approximately a decade later and in which domestic violence and substance misuse were not related to the reported maltreatment suggests a relatively stable influence of these behaviors on substantiation.

Predictably, the co-identification of domestic violence and parental substance misuse further increased the probability of substantiation. However, the magnitude of the effect was comparable to the identification of substance misuse alone. This suggests that caseworkers are most influenced by parental substance misuse when making the decision to substantiate an allegation of maltreatment unrelated to either behavior. Further research is needed, but this could be reflective of a caseworker tendency to consider parental substance misuse as a stable characteristic and domestic violence as more situational. Put differently, caseworkers may understand domestic violence as discrete incidents of abuse rather than a sustained pattern over time and therefore lend it less weight in their decision-making process.

Both decision maker and organizational factors were controlled for in this study through use of multilevel modeling. This allowed for an estimate of how much of the variation in substantiation decisions was attributable to unobserved differences in individual caseworker characteristics and organizational culture across CPS county offices. The findings suggest that whether or not an allegation is substantiated depends in some part on who is assigned to the investigation. The CPS county office overseeing the investigation accounted for almost none of the variance. This suggests that within any CPS office there are workers who substantiate allegations at higher rates and those who do so less frequently, which is in line with previous findings (Child Welfare Information Gateway, 2003).

It is important to reiterate that the data for this study came from a child welfare agency that does not consider domestic violence and parental substance misuse per se to constitute abuse or neglect. Thus the association of these behaviors with an increased

likelihood of substantiating unrelated maltreatment allegations may warrant some concern. More specifically, it raises the possibility that in some instances, caseworkers use other allegation types as a proxy for substantiating exposure to domestic violence or parental substance misuse even when not directly linked to maltreatment. Such a practice would circumvent the purpose of per se exemptions for these behaviors.

Future research should seek to elucidate the extent to which CPS workers are aware of this influence on their decision-making. While it may be that caseworkers hold unconscious biases against these families, it is equally plausible that workers substantiate allegations against these families at higher rates in an earnest attempt to connect them with services in two-tiered systems where substantiation is required for such action. The motivations for these decisions may be of particular interest to child welfare administrators who are tasked with ensuring that resources are being used for their intended purpose and that support services are put in place for these families entering the system with complex needs.

Limitations

There are a number of limitations to this study that should be considered. The first is the operationalization of domestic violence on the structured risk assessment of this agency. CPS workers are instructed to record domestic violence as a familial risk factor if either caretaker has a lifetime incidence of such violence. No distinction is made between victimization and perpetration, or whether domestic violence occurred in past relationships or is ongoing. As Kohl et al. (2005b) demonstrated, these are important distinctions to make when determining future risk. The direction or magnitude of effects related to domestic violence might change were this variable more precise.

Second, although the Decision-Making Ecology includes external factors in its model, they were not accounted for here. Given the four-year observation period and large sample size it is unlikely that external factors impacted the results in significant ways, but this nevertheless remains a limitation. Likewise, a number of case factors previously shown to be important (e.g., income, overall risk scores) were not available from the data set used in this study. Future analysis of substantiation decisions should seek to control for these factors alongside domestic violence and parental substance misuse.

Conclusion

Although most CPS agencies have moved in the direction of excluding exposure to domestic violence and parental substance misuse per se from their official definitions of maltreatment, CPS workers are still faced with the difficult task of discerning the level of associated harm and selecting the appropriate course of action when either (or both) is present. Two-tiered systems that require substantiation prior to service receipt provide limited options for CPS workers when they believe that children are at high risk for harm and that families require support to ensure safety.

The current study suggests that CPS workers operating in this context are more likely to substantiate allegations when they have identified domestic violence and parental substance misuse. Further research is needed to understand the motivations of CPS workers when making these decisions, especially in families where these behaviors co-occur. To the extent that workers are attempting to link families with services, moving beyond substantiation toward a public health approach to child welfare practice could be

a promising strategy for honoring the spirit of per se policies while providing needed support to these families.

CHAPTER 3 CONSIDERING DOMESTIC VIOLENCE AND PARENTAL SUBSTANCE MISUSE IN DETERMINATIONS OF RISK: A MULTILEVEL ANALYSIS OF CASEWORKER DECISION-MAKING

Introduction

The central function of a child protective services (CPS) investigation is to determine the risk of future maltreatment. CPS workers make this determination by considering evidence of past abuse or neglect in combination with any risk factors (factors thought to increase the likelihood of future harm to the child) identified during the investigation. The determined risk level then guides the CPS worker's decision regarding recommendations for post-investigation intervention. Cases considered lower risk are often closed with voluntary referral to services, while cases determined to be higher risk usually result in mandated services either in-home or via the foster care system.

Domestic violence and parental substance misuse are frequently identified during CPS investigations, both in connection with evidence of past maltreatment and as risk factors for future abuse or neglect (English, Edleson & Herrick, 2005; Simon & Brooks, 2017). The potential to be dually classified makes these behaviors unique among the many family characteristics and contextual factors that CPS workers use in determining a child's overall risk for future maltreatment. While past studies have shown that identification of domestic violence and parental substance misuse is associated with higher levels of caseworker-perceived risk (Berger, Slack, Waldfogel, & Bruch, 2010; Kohl, Edleson, English & Barth, 2005b), distinctions have not been made between how these behaviors influence caseworker perceptions when considered as risk factors versus when they are connected to evidence of past maltreatment. That is, it remains unknown

whether maltreatment directly attributed to domestic violence and parental substance misuse is considered higher or lower risk than maltreatment unrelated to these behaviors.

The purpose of the current study is to further elucidate pathways to system involvement by examining the differential impact of domestic violence and parental substance misuse on caseworker-perceived risk when identified as direct contributors to past maltreatment versus risk factors. Data are drawn from a child welfare agency in which CPS workers co-substantiate domestic violence and parental substance misuse when they believe the reported maltreatment was directly attributable to either behavior. This administrative practice permits a distinction in how domestic violence and parental substance misuse are identified and considered in caseworker determinations of overall risk.

Background

Childhood Exposure to Domestic Violence and Parental Substance Misuse

A substantial body of literature has linked exposure to domestic violence and parental substance with increased rates of child maltreatment (Dong et al., 2004; Felitti et al., 1998; Walsh, MacMillan & Jamieson, 2003) and negative developmental outcomes such as anxiety, depression, and substance use disorders (Biederman, Faraone, Monuteaux, & Feighner, 2000; Evans, Davies, & DiLillo, 2008; Holt, Buckley & Whelan, 2008; Mrug & Windle, 2010). At the same time, research has shown that many children from families that experienced domestic violence and parental substance misuse are not maltreated and do not go on to experience developmental difficulties (Hughes & Luke, 1998; Martinez-Torteya, Bogat, Von Eye, & Levendosky, 2009; Velleman & Templeton, 2007). Based on both sets of evidence, child welfare agencies in the United States tend

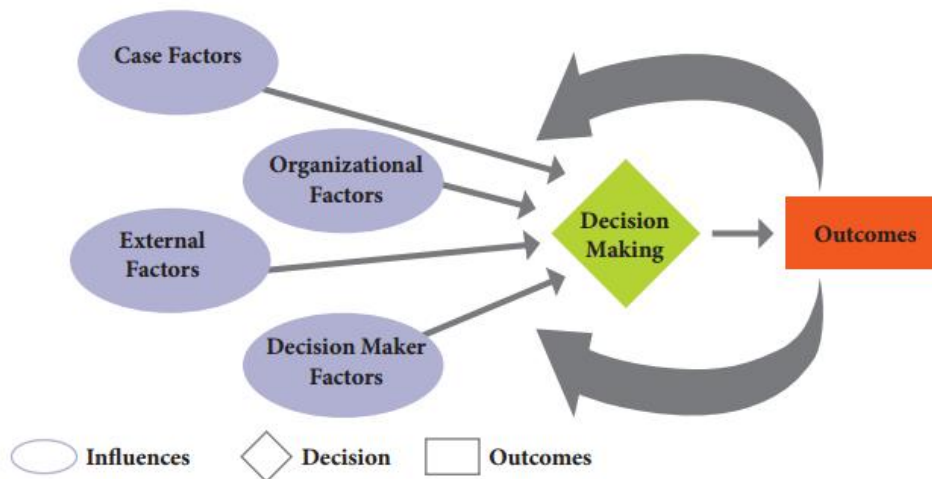
to consider exposure to domestic violence and parental substance misuse as risk factors for future maltreatment. Exposure in and of itself (i.e., per se) does not meet the definition of abuse or neglect, except for prenatal substance exposure in some instances. Instead, domestic violence and parental substance misuse must be directly linked to harm or endangerment to qualify as maltreatment in agencies with these “exposure per se” policies.

From a research perspective, the implication of per se policies has been to obscure any direct connections between exposure to these behaviors and the types of maltreatment recorded by protective services. Most child welfare agencies record only the alleged form of abuse or neglect (e.g., improper supervision), but do not substantiate and record behaviors thought to be causal. This makes it difficult to know if a caseworker attributed past maltreatment to domestic violence or parental substance misuse when either or both is listed a risk factor. Relatedly, CPS workers have circumvented per se policy by codifying exposure to domestic violence and parental substance misuse as authorized allegations. For example, Henry (2014) reports that CPS workers in one urban county sometimes “constructed” reports of childhood exposure to domestic violence as a type of maltreatment by re-coding the exposure under an approved maltreatment classification such as emotional abuse. In these circumstances, it is difficult to disentangle whether caseworkers are conceptualizing domestic violence and parental substance misuse as direct contributors to past maltreatment and/or as risk factors when determining overall risk of future harm.

Caseworker Determination of Risk

The process of determining a child's risk of future maltreatment has been described as half art and half science (Cash, 2001). Even when using structured decision-making tools, caseworkers still evaluate information in the context of their own clinical judgments and experiences, and also based on the organizational environment that structures their practice. The complex nature of this process is reflected in the Decision-Making Ecology developed by Baumann, Dalgleish, Fluke, and Kern (2010), which highlights these multiple determinants of child welfare decision making and serves as the theoretical framework for this study (see Figure 4).

Figure 4. The Decision-Making Ecology



Source: Baumann et al. (2011)

Case factors.

Evidence of past maltreatment. Prior studies suggest that evidence of past maltreatment influences a caseworker's overall perception of risk. For example, Rivaux et al. (2008) examined factors associated with the decision to formally open a child welfare case when risk of future harm was thought to be high. Caseworkers were more likely to open a case when substantiating abandonment or multiple types of maltreatment. In a similar study, Fluke, Chabot, Fallon, MacLaurin and Blackstock (2010) used the Decision-Making Ecology framework to examine the placement of aboriginal children into out-of-home care. Such placement was more likely when past physical abuse was substantiated as well as when a child was thought to have sustained physical or emotional harm. Conversely, emotional maltreatment was associated with decreased odds of placement.

Risk factors. A number of risk factors have been linked to higher levels of caseworker-perceived risk. Rivaux et al. (2008) reported that CPS cases were more likely to be opened if the oldest child in the family was under six years old, the parents were married, and the annual family income was less than \$25,550. Fluke et al. (2010) found that unstable housing and three or more concerns related to caregiver functioning (e.g., substance misuse, mental health, domestic violence) predicted an increased likelihood of placement, although the effect size of unstable housing was considerably greater than that of caregiver functioning.

Decision maker and organizational factors. A number of qualitative studies have also assessed how decision maker and organizational factors can influence the determination of overall risk. Lee, Sobeck, Djelaj, and Agius (2013) conducted focus

groups with CPS workers in a large urban county to better understand their process for carrying out investigations. The CPS workers reported that although the agency used a structured risk assessment, their colleagues did not always adhere to the results when making an overall determination of risk. Instead, they relied on their own practice wisdom to consider the collected evidence and those risk factors they believed to be most predictive of future harm.

Gillingham and Humphreys (2010) observed a similar practice among CPS workers, noting that some workers had habituated to risk assessment tools, viewing them as just another part of bureaucratic paperwork rather than a critical component in their decision-making process. Hughes and Chau (2013) also reported that certain CPS supervisors believed any maltreatment linked to domestic violence posed an escalated risk for future harm and that remedial services should be mandated when investigations identified such exposures. Thus, it remains unclear how potential variability in practice among CPS workers and across CPS offices might impact the overall determination of risk.

Methods

Data Source

This study draws from a population level data set of child welfare records secured through an official data-sharing agreement between a large Midwestern child welfare agency in the United States and the Child & Adolescent DataLab at the University of Michigan School of Social Work. Through this agreement, the DataLab was given access to the complete set of administrative records related to the investigation of maltreatment, assessment of future risk, and the placement of children into substitute care beginning in

1997. The dataset contains information concerning the timeline for each child protective services (CPS) investigation, CPS personnel assigned to the case, the nature of the alleged maltreatment, and the demographics of both the children who were reportedly abused or neglected, and the adult(s) named in the allegation. Information collected during the investigation is included (e.g., identified familial risk factors), as well as the result of key decisions such as substantiation and the overall risk level assigned at the end of the investigation.

A set of formal policies guide the practice of child welfare in this agency. Initial reports of maltreatment are first screened by the agency's central intake office to determine whether they are made in good faith (i.e., not a false report) and to verify that they meet the state's statutory guidelines for carrying out an investigation. If both of these criteria are satisfied, the central intake worker generates an allegation for each type of maltreatment allegedly committed by the adult against the child. If more than one child or more than one adult was reported as being involved in the incident, then distinct allegations are made for each maltreatment type-child-adult combination. Thus a single investigation can contain several allegations depending on the nature of the reported incident. Once generated, all allegations related to the reported incident are sent to the CPS office in the county where the maltreatment allegedly occurred. The county supervisor reviews the report and assigns it to a CPS worker for investigation.

The agency's policy instructs that CPS investigations should be completed within 30 days of the date they are assigned. However, if the child named in the report is believed to be at risk of severe danger or is less than six years of age and is under the care of someone unable to meet the child's basic needs, then the CPS worker is required

to carry out an immediate face-to-face contact. Once the investigation begins, the CPS worker gathers the information needed to determine the likelihood that the alleged maltreatment occurred, and to determine the risk of future harm to the child. The Worker interview the child(ren) named in the report along with any adult who was implicated. They also collect information from the family's records such as school files, police reports, and prior CPS investigations. When necessary, CPS workers will also interview friends of the family, relatives, neighbors, and other service professionals such as teachers.

Relevant to the current study, this agency uses a structured assessment tool in combination with evidence of past maltreatment to determine the likelihood of future harm. Written policy requires that CPS workers complete the risk assessment during each investigation. This tool is scored along a number of dimensions such as number of children in the home, caretaker's mental health, domestic violence, and parental substance use. If past maltreatment is substantiated, the results of the structured risk assessment are considered alongside evidence of maltreatment to assign one of three dispositions to the investigation (see Table 3). The disposition serves as the formal CPS recommendation on whether a case should move forward and if services should be mandated. It is important to note that this agency uses a two-tiered system, meaning that an allegation of past maltreatment must be substantiated before a case can be opened and services mandated.

Sample

Data are drawn from the 42,696 CPS investigations substantiated in this agency between 2009 and 2013. Investigations were excluded if they contained any re-referrals (e.g., subsequent allegations involving the same child). This was done to ensure that the

Table 3. Possible dispositions for substantiated CPS investigations

Risk Level	Definition
Category I	<ul style="list-style-type: none"> • CPS worker finds a preponderance of evidence to substantiate at least one allegation in the investigation. • Overall risk level is high. • Court petition is needed to remove child from the home and place into foster care. • CPS services are mandated along with any community-based services deemed necessary.
Category II	<ul style="list-style-type: none"> • CPS worker finds a preponderance of evidence to substantiate at least one allegation in the investigation. • Overall risk level is high. • CPS services are mandated. • Voluntary community-based services are also recommended.
Category III	<ul style="list-style-type: none"> • CPS worker finds a preponderance of evidence to substantiate at least one allegation in the investigation. • Overall risk level is low or moderate. • Workers should make attempts to link families with community-based services to address any identified risk. Family participation is voluntary.

decision to assign an overall disposition was made using only information collected during the corresponding investigation, and not past CPS reports or findings.

Measures

Case factors.

Caseworker determination of risk. The primary outcome of interest was the caseworker's determination of risk of future maltreatment following a substantiated investigation. In this agency, a caseworker is able to assign an overall risk level of low, medium, or high. A determination of low or medium risk following a substantiated investigation results in voluntary referral to services as needed. A determination of high risk results in the opening of a CPS case and either mandated in-home services or the

placement of the child(ren) into foster care. Given the same implication for determinations of low and medium risk, this variable was coded as 1 for high risk and 0 for low or medium risk.

Identified risk of domestic violence and parental substance misuse. During each investigation, CPS workers use a structured risk assessment to screen for factors through to increase the likelihood of future maltreatment. This includes determining the presence of domestic violence and parental substance misuse within the family. A risk factor of *domestic violence* is indicated for the family when at least one caretaker has a current or past relationship with an intimate partner in which more than two incidents of physical violence, threats, or intimidation occurred. A risk factor of *parental substance misuse* is indicated for the family if the primary caretaker's use of alcohol or drugs has impaired their own functioning or that of anyone else in the household over the past year (e.g., substance use led to problems related to employment, child care activities, etc.). A binary variable (1 = yes, 0 = no) was used to indicate when either of these risk factors was identified by the CPS worker via the structured risk assessment.

Inadequate housing. CPS workers also screen for *inadequate housing* during the structured risk assessment. This risk factor is recorded when families are experiencing homelessness, live in a home that is physically unsafe, or live in a home that does not meet minimum standards of cleanliness.

Attribution of substantiated maltreatment to domestic violence and/or parental substance misuse. CPS workers in this agency can only substantiate domestic violence and parental substance misuse as allegations when they believe that some form of maltreatment (e.g. physical abuse, threatened harm) was directly caused

by these behaviors. A substantiated allegation of domestic violence and/or parental substance misuse is therefore an indicator that a CPS worker directly attributes maltreatment to either or both of these behaviors. A categorical variable of *maltreatment attribution* was constructed to represent each of the possible attribution outcomes: attributed to neither, domestic violence only, substance misuse only, attributed to both domestic violence and substance misuse.

Other investigation characteristics. A set other investigation characteristics believed to influence the decision to recommend a CPS case be opened were also included as variables in this study. Binary variables (1 = yes, 0 = no) were constructed to indicate whether allegations of *failure to protect, threatened harm, improper supervision, physical abuse, or physical neglect* were substantiated at the close of the investigation. Similar variables were constructed to indicate whether *multiple children* were named in the investigation, *multiple adults* were implicated, and any of the children named were *under six years old*.

Decision maker and organizational factors.

Assigned CPS caseworker and county office. As noted previously, allegations that have been screened in by central intake are sent to the *CPS office* in the county where the alleged maltreatment occurred. The supervisor at this office then assigns the investigation to one of the CPS workers in the office. In rare cases, the supervisor assigns more than one worker to the investigation, generally with a distinction between who is the primary investigator and who is secondary. For this study the *assigned CPS worker* was recorded as the first person the supervisor assigned as the primary investigator and who remained on the investigation for the longest duration. In approximately 1% of

investigations a team of workers was assigned as the primary investigators for the case, and all members of the team remained on the investigation the same length of time. In these cases, a team ID was assigned and treated as representing a single “worker” in subsequent multilevel modelling.

Data Analysis

To start, univariate and bivariate statistics were used to examine the overall sample of substantiated investigations. Chi-square and t-test analyses were used to make comparisons across investigations based on attribution of maltreatment to domestic violence and/or substance misuse. In order to evaluate the strength of any bivariate associations found to be significant, effect sizes were calculated and assessed using Cohen’s (1988) heuristics (0.10 = small effect, 0.30 = medium effect, 0.50 = large effect). A multilevel logistic regression with three levels (CPS county office, assigned CPS worker, and individual allegation) was then fit to examine whether the attribution of maltreatment to domestic violence and/or parental substance misuse impacted the likelihood that a CPS worker would classify an investigation as high risk. A multilevel model was selected to account for the possibility of shared variance given the nested nature of investigations within caseworkers and caseworkers with CPS county offices. Predicted probabilities were determined to compare the relative impact of maltreatment attribution on caseworker classification of an investigation as high risk. Data cleaning and summary statistics were carried out using the statistical programming language R (R Core Team, 2016). Multilevel modeling and predicted probability analysis were conducted in Stata 14.2 (StataCorp, 2015).

Results

Summary of Sample

As summarized in Table 4, CPS workers determined the overall risk of future harm to be high following 36.5% of substantiated investigations. Domestic violence and parental substance misuse were each identified as risk factors in about one third of the investigations, while the identification of inadequate housing occurred less frequently (9.5%). The most commonly substantiated form of maltreatment was physical abuse (45.2%), followed by threatened harm (28.8%), improper supervision (26.4%), physical neglect (24.4%), and failure to protect (13.6%). Just under a quarter of investigations involved multiple children, while a slightly larger proportion involved multiple adults (37.5%). Approximately three quarters of substantiated investigations included a child under the age of six (72%).

Summary of Caseworker Attribution of Maltreatment

The primary independent variable of interest was caseworker attribution of substantiated maltreatment to domestic violence and/or parental substance misuse. In a majority of investigations (73.0%), caseworkers attributed maltreatment to neither domestic violence nor parental substance misuse. Among the remaining investigations, attribution of maltreatment to substance misuse (14.2%) was most common, followed by attribution to domestic violence (10.8%) and then attribution to both (2.1%).

Table 4. Summary statistics

Variable	Overall (N = 42,696) N (%)	Maltreatment attributed to:				Test statistic
		Not DV or SM (N = 31,166) N (%)	DV only (N = 4597) N (%)	SM only (N = 6051) N (%)	DV & SM (N = 882) N (%)	
Casework classification of high risk						
No	27,110 (63.5)	20,112 (64.5)	3501 (76.2)	3132 (51.8)	365 (41.4)	χ^2 (df = 3) = 878.1 *, V = .14
Yes	15,586 (36.5)	11,054 (35.5) ^a	1096 (23.8) ^b	2919 (48.2) ^c	517 (58.6) ^d	
Identified risk factor of:						
Domestic violence						
No	28,240 (66.1)	23,664 (75.9)	320 (7.0)	4203 (69.5)	53 (6.0)	χ^2 (df = 3) = 9976.4*, V = .48
Yes	14,456 (33.9)	7502 (24.1) ^a	4277 (93.0) ^b	1848 (30.5) ^c	829 (94.0) ^b	
Substance misuse						
No	28,279 (66.2)	22,798 (73.2)	4124 (89.7)	1105 (18.3)	252 (28.6)	χ^2 (df = 3) = 8585.4*, V = .45
Yes	14,417 (33.8)	8368 (26.8) ^a	473 (10.3) ^b	4946 (81.7) ^c	630 (71.4) ^d	
Inadequate housing						
No	38,622 (90.5)	28,192 (90.5)	4391 (95.5)	5291 (87.4)	748 (84.8)	χ^2 (df = 3) = 232.9*, V = .07
Yes	4074 (9.5)	2974 (9.5) ^a	206 (4.5) ^b	760 (12.6) ^c	134 (15.2) ^c	
Substantiated allegation of:						
Failure to protect						
No	36,871 (86.4)	27,750 (89.0)	3475 (75.6)	5027 (83.1)	619 (70.2)	χ^2 (df = 3) = 893.6*, V = .14
Yes	5825 (13.6)	3416 (11.0) ^a	1122 (24.4) ^b	1024 (16.9) ^c	263 (29.8) ^d	
Improper supervision						
No	31,424 (73.6)	24,323 (78.0)	2890 (62.9)	3783 (62.5)	428 (48.5)	χ^2 (df = 3) = 1257.0*, V = .17
Yes	11,272 (26.4)	6843 (22.0) ^a	1707 (37.1) ^b	2268 (37.5) ^b	454 (51.5) ^c	
Physical abuse						
No	23,399 (54.8)	15,056 (48.3)	3817 (83.0)	3795 (62.7)	731 (82.9)	χ^2 (df = 3) = 2443.3*, V = .24
Yes	19,297 (45.2)	16,110 (51.7) ^a	780 (17.0) ^b	2256 (37.3) ^c	151 (17.1) ^b	
Physical neglect						
No	32,295 (75.6)	24,623 (79.0)	3125 (68.0)	4014 (66.3)	533 (60.4)	χ^2 (df = 3) = 733.0*, V = .13
Yes	10,401 (24.4)	6543 (21.0) ^a	1472 (32.0) ^b	2037 (33.7) ^b	349 (39.6) ^c	
Threatened harm						
No	30,414 (71.2)	24,394 (78.3)	2085 (45.4)	3569 (59.0)	366 (41.5)	χ^2 (df = 3) = 3079.5*, V = .27
Yes	12,282 (28.8)	6772 (21.7) ^a	2512 (54.6) ^b	2482 (41.0) ^c	516 (58.5) ^b	
Multiple children named in investigation						
No	32,648 (76.5)	25,115 (80.6)	2526 (54.9)	4531 (74.9)	476 (54.0)	χ^2 (df = 3) = 1733.0*, V = .20
Yes	10,048 (23.5)	6051 (19.4) ^a	2071 (45.1) ^b	1520 (25.1) ^c	406 (46.0) ^b	
Any child under 6 years old in the investigation						
No	11,943 (28.0)	9400 (30.2)	1077 (23.5)	1247 (20.7)	219 (24.9)	χ^2 (df = 3) = 288.5*, V = .08
Yes	30,671 (72.0)	21,706 (69.8) ^a	3514 (76.5) ^b	4790 (79.3) ^c	661 (75.1) ^b	
Multiple adults implicated in investigation						
No	26,700 (62.5)	21,116 (67.8)	1489 (32.4)	3889 (64.3)	206 (23.4)	χ^2 (df = 3) = 2730.8*, V = .25
Yes	15,996 (37.5)	10,050 (32.2) ^a	3108 (67.6) ^b	2162 (35.7) ^c	676 (76.6) ^d	

Note: domestic violence = domestic violence, SM = substance misuse, V = Cramer's V, * p < 0.05.

Bolded values meet Cohen's (1988) minimum threshold for a small effect size

Matching letter subscripts indicate column percentages that do not differ significantly at an alpha level of .05

All bivariate associations across attribution categories were statistically significant due to the large sample size. Attention was therefore given to the strength of these associations using Cohen's (1988) heuristics. Only inadequate housing and the inclusion of a child under six years old in the investigation did not meet the minimum effect size threshold. Investigations in which caseworkers attributed maltreatment to both domestic violence and parental substance misuse were the most likely to be classified as high risk, while investigations in which caseworkers attributed maltreatment to domestic violence alone were the least likely. Domestic violence was most likely to be identified as a risk factor during those investigations in which maltreatment was also attributed to domestic violence or to both domestic violence and substance misuse. Substance misuse meanwhile was most likely to be identified as risk factor when maltreatment was attributed to substance misuse alone.

In terms of substantiated maltreatment type, failure to protect, improper supervision, and physical neglect were most likely to be attributed to both domestic violence and parental substance misuse. Threatened harm, meanwhile, was overrepresented in investigations where maltreatment was attributed to either domestic violence alone or both domestic violence and parental substance misuse. Physical abuse was most common in investigations where neither domestic violence nor parental substance misuse were directly implicated in the substantiated maltreatment.

Multilevel Logistic Regression

Results from the multilevel logistic regression model predicting a high level of caseworker-perceived risk are presented in Table 5. Compared to investigations in which caseworkers did not attribute substantiated maltreatment to domestic violence or parental

Table 5. Multilevel logistic regression predicting caseworker classification of high risk for future maltreatment

Variable	Adjusted odds ratios	95% confidence interval
DV/SM attribution category:		
Neither	Ref	
Domestic violence only	0.21	0.19 – 0.23
SM only	0.97	0.90 – 1.04
Both domestic violence & SM	0.61	0.52 – 0.72
Identified risk factor of:		
Domestic violence		
No	Ref	
Yes	2.57	2.44 – 2.71
Substance misuse		
No	Ref	
Yes	1.94	1.83 – 2.05
Inadequate housing		
No	Ref	
Yes	4.34	3.99 – 4.73
Substantiated allegation of:		
Failure to protect		
No	Ref	
Yes	1.87	1.74 – 2.00
Improper supervision		
No	Ref	
Yes	0.82	0.77 – 0.87
Physical abuse		
No	Ref	
Yes	0.80	0.75 – 0.86
Physical neglect		
No	Ref	
Yes	1.72	1.61 – 1.83
Threatened harm		
No	Ref	
Yes	1.75	1.66 – 1.85
Multiple children named in investigation		
No	Ref	
Yes	0.76	0.72 – 0.80
Any child under 6 years old in the investigation		
No	Ref	
Yes	0.95	0.90 – 1.00
Multiple adults implicated in investigation		
No	Ref	
Yes	1.57	1.49 – 1.65
95% confidence interval		
Level	Intra-class correlation coefficient	Standard error
CPS worker	6.45%	.007
County office	3.28%	.006

Note: Likelihood ratio test comparing multilevel model to single-level model, $\chi^2 = 830.6$, $p < .001$.

Odds ratios with a 95% confidence interval that does not cross 1 are significant at an alpha level of .05

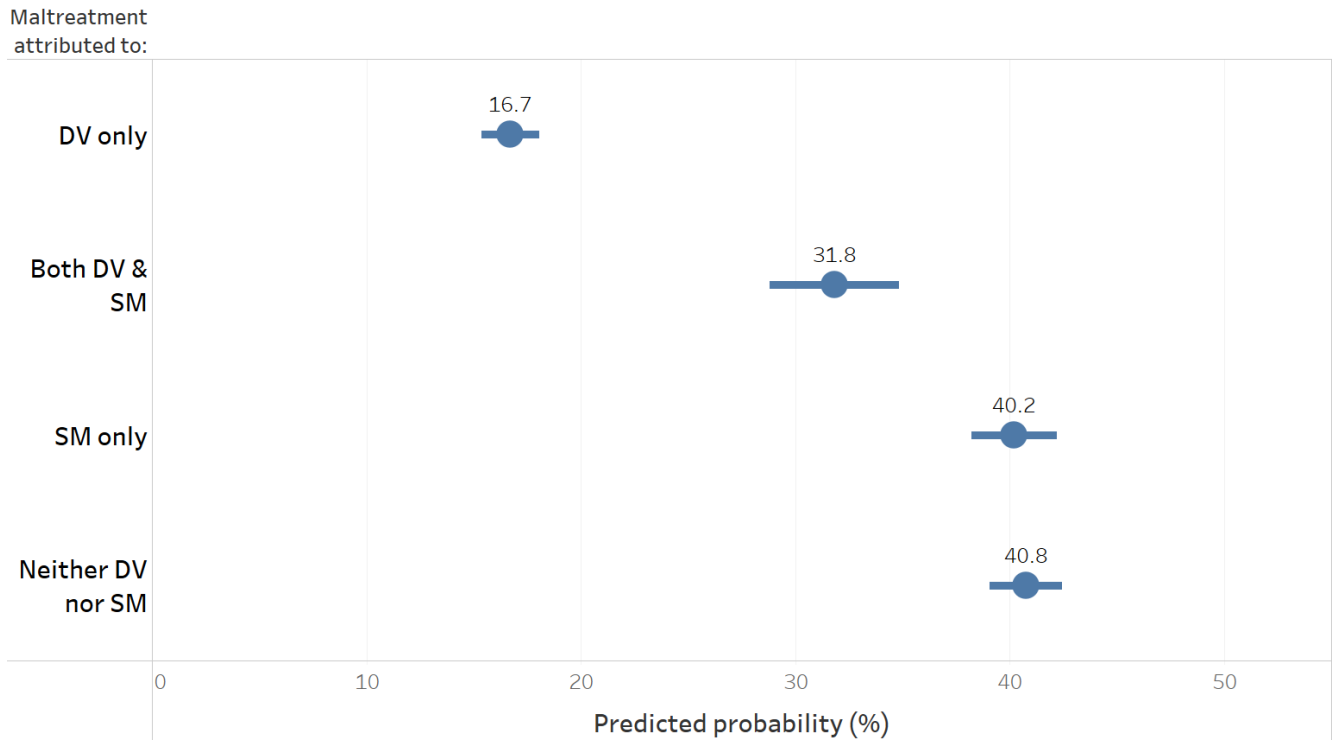
substance misuse, attribution to domestic violence alone was associated with a decreased likelihood of perceiving risk of future harm to be high (adjusted odds ratio [AOR] = 0.21, 95% confidence interval [CI; 0.19, 0.23]) as was attribution to both domestic violence and parental substance misuse (AOR = 0.61, 95% CI [0.52, 0.72]). Attribution to parental substance misuse showed no effect on caseworker perception of risk. Conversely, the identification of domestic violence (AOR = 2.57, 95% CI [2.44, 2.71]) and substance misuse (AOR = 1.94, 95% CI [1.83, 2.05]) as risk factors substantially increased the odds that a caseworker would perceive the risk of future harm to be high.

Guided by the Decision-Making Ecology, both decision maker and organizational factors were partially controlled for within the multilevel model. The derived intra-class coefficients (ICC) for CPS worker (decision maker) and CPS county office (organization) provide an estimate for how much variance is attributable to each. These results suggest that the determined risk level for an investigation depends somewhat on which CPS caseworker (ICC = 7.69%) is assigned and in which county the maltreatment was alleged to have occurred (ICC = 4.23%).

Predicted Probabilities

The predicted probabilities that a caseworker will determine overall risk to be high are presented in Figure 2 based on attribution category. CPS workers were least likely to consider a case to be high risk when maltreatment was solely attributed to domestic violence (16.7%), and most likely when attributed to neither domestic violence nor parental substance misuse (40.8%).

Figure 5. Predicted probabilities of high caseworker-perceived risk



Note: domestic violence = domestic violence, SM = substance misuse

Discussion

CPS workers frequently identify domestic violence and parental substance misuse during investigations, both when collecting evidence of past maltreatment and when conducting routine risk assessments. If identified, workers may then take these behaviors into account when determining the overall risk that a child will be maltreated in the future. While prior studies have found an association between caseworker-perceived risk and the identification of domestic violence and parental substance misuse, the differential impact on the determination of this risk when maltreatment is directly attributed to these behaviors versus their consideration as general risk factors has not been assessed. The current study therefore examined a set of substantiated investigations from a large

Midwestern agency to better understand how domestic violence and parental substance misuse influence caseworker-perceived risk when identified under both of these circumstances.

When considered as risk factors, the identification of domestic violence and parental substance misuse were both associated with an increased likelihood that a CPS worker would classify a substantiated investigation as high risk. The magnitude of these effects – and that of inadequate housing – were fairly large, suggesting that CPS workers give considerable weight to factors identified through the agency’s structured risk assessment.

The same cannot be said of domestic violence and parental substance misuse when linked with past maltreatment. At the multivariate level, CPS workers’ attribution of maltreatment to parental substance misuse alone showed no relationship to perceived risk. This was unexpected given findings at the bivariate level that CPS workers were most likely to classify investigations as high risk when they attributed past abuse or neglect to parental substance misuse. It is possible that this discrepancy indicates a relationship with perceived risk that is mediated through inadequate housing and neglect-related maltreatment. Inadequate housing, failure to protect, improper supervision, physical neglect, and threatened harm were each positively associated with attribution to substance misuse at the bivariate level, and each increased the adjusted odds of an investigation being classified as high risk.

Perhaps the most surprising finding in this study was the relationship between caseworker-perceived risk and maltreatment attributed to domestic violence. Results indicate that CPS workers were considerably *less* likely to perceive risk as high if domestic

violence was attributed to the substantiated abuse or neglect. That is, risk was considered to be greater if domestic violence did not contribute to the maltreatment. The magnitude of this effect diminished when substance misuse was also co-substantiated, but the direction remained the same. This stood in stark contrast to the large and positive effect size of domestic violence on perceived risk when considered as a risk factor.

What explains this finding that the *possibility* of maltreatment from domestic violence is thought to place children at greater risk than the *observation* of maltreatment from domestic violence? If exposure to domestic violence in and of itself is considered a risk factor for future harm, then it seems logical that having experienced it in the past—and being harmed as a result—would suggest a high probability that it would happen (and be harmful) again in the future. The adage that “past behavior is the best indicator of future behavior” seems as though it should apply here, particularly since domestic violence is known to often be a pattern of abusive behavior over time. However, this is not what was observed.

A possible explanation for this finding is that CPS workers may hold parents less accountable overall for abuse or neglect resulting from domestic violence. If a child is harmed while one parent is physically attacking another, CPS workers might be more inclined to consider this accidental, and the offending parent less culpable. Additionally, this study accounted for maltreatment type, but not severity. It is possible that maltreatment attributed to domestic violence is perceived as significantly less severe and harmful than maltreatment attributed to substance misuse or to neither of these behaviors. An empirical explanation remains beyond the scope of this study, but attempts to replicate this finding and provide further explanation are warranted.

Limitations

The contributions of this study should be considered alongside its limitations. The large-scale use of administrative records allowed for a well powered assessment of the associations of caseworker attribution of maltreatment and perceived risk, but information from caseworker narratives explaining the rationale for their decisions was not analyzed. Therefore, all proposed explanations for the differential effects of attribution to domestic violence versus substance misuse are only speculative. In addition, data were drawn from a child welfare agency using a two-tier system that requires substantiation to mandate services. Thus, the findings presented here may not be generalizable to systems in which substantiation plays less of a role in driving service delivery. Further research is also needed to examine within group differences to better understand what aspects of domestic violence and parental substance misuse are perceived as indicating greater risk of future harm when linked with past maltreatment.

Conclusion

Despite these limitations, this study was an important first step toward understanding how CPS workers draw connections between domestic violence, parental substance misuse, and substantiated maltreatment. Prior studies have shown that families experiencing parental substance misuse are disproportionately involved in the child welfare system. The finding that investigations rated as high risk are mostly to include maltreatment attributed to parental substance misuse points toward one potential mechanism for that involvement. That is, it appears families are more likely to become system-involved when maltreatment attributed to substance misuse brings them into contact with protective services. Future research is needed to better understand this

relationship, but mediation through neglect-based maltreatment and inadequate housing seems likely.

Finally, the relationship observed here between perceived risk and the identification of domestic violence raises important questions about the latter's inclusion in structured risk assessments. Domestic violence is ostensibly included among a predetermined set of risk factors given its strong association with child maltreatment. Yet, when CPS workers in this study directly attributed maltreatment to domestic violence, perceived risk decreased. More evidence is certainly needed, but if domestic violence-related maltreatment does not merit child welfare intervention, then policy makers and advocates should more clearly articulate the purpose of screening for domestic violence during CPS investigations and offer further guidance for its role in caseworker decision-making.

CHAPTER 4 IDENTIFICATION OF DOMESTIC VIOLENCE COUNSELING NEEDS AMONG CHILD WELFARE-INVOLVED CAREGIVERS WITH SUBSTANCE USE DISORDERS: A GENDER-STRATIFIED ANALYSIS

Introduction

Attention is increasingly being paid to the complex, co-occurring service needs of child welfare-involved families (Simon & Brooks, 2017). Recognizing that problems rarely occur in isolation, scholars have attempted to identify the patterns and prevalence of co-occurring needs for mothers and fathers at various stages of child welfare practice (Flanagan, Sullivan, & Connell, 2015; Jarpe-Ratner, Bellamy, Yang, & Smithgall, 2015). The objective is to help child welfare systems anticipate specialized service needs and build their capacity to link families with tailored interventions.

Considering issues of co-occurrence is particularly important with respect to parental substance misuse, as this behavior has been consistently associated with poorer foster care outcomes including reduced rates of family reunification and higher rates of reentry (Brook & McDonald, 2009; Brook, McDonald, Gregoire, Press, & Hindman, 2010; Mowbray, Victor, Ryan, Moore, & Perron, in press). Modest improvements in these outcomes are observed when parents are connected with treatment for substance misuse (Ryan, Perron, Moore, Victor, & Park, 2017; Choi, Huang, & Ryan, 2012). However, certain co-occurring service needs—including domestic violence—have the potential to complicate substance use treatment and thereby temper the sought-after improvement in outcomes (Choi & Ryan, 2006).

A considerable body of evidence indicates that domestic violence frequently co-occurs with parental substance misuse and can detrimentally impact substance use treatment (Dong et al., 2004; Murphy & O'Farrell, 1994; Rice et al., 2001; Walton,

Chermack, & Blow, 2002). For instance, women who are victims of domestic violence are more likely to drop out of substance use treatment programs, while men who perpetrate domestic violence are more likely to relapse (Lipsky et al., 2010). In recognition of the detrimental impact that domestic violence can have, practitioners and researchers have sought innovations to mitigate these effects, including the integration of violence interventions into substance use treatment (Chermack et al., 2017; Easton et al., 2007).

Prior studies have established the correlates of domestic violence among those seeking substance use treatment to assist service providers in identifying and responding to this co-occurrence (Chase, O'Farrell, Murphy, Fals-Stewart, & Murphy, 2003; Chermack, Walton, Fuller, & Blow, 2001). However, no research to date has examined these correlates in parents involved with the child welfare system. This lack of information necessarily limits the ability of child welfare workers to anticipate domestic violence service needs among parents with substance use disorders. Failure to account for domestic violence may in turn interfere with the efficacy of substance use treatment, and limit the impact of treatment toward improving child welfare outcomes.

The purpose of the current study is to determine the sociodemographic and behavioral correlates of an identified domestic violence service need in child welfare-involved mothers and fathers with substance use disorders. A gender-stratified analysis is employed given prior research showing differences between men and women in the correlates of physical domestic violence among those seeking substance use treatment and well-documented gender differences in experiences of domestic violence. Data are drawn from the administrative records of a Title IV-E waiver demonstration project in

which parents who meet the formal criteria for substance use disorders are provided with recovery coaches when their child is placed into foster care.

Background

Complex Needs of Child Welfare-involved Families

A number of studies have assessed for distinct sets of co-occurring needs in child welfare-involved families through the use of latent class analysis (Flanagan, Sullivan, & Connell, 2015; Kohl & Macy, 2008; Simon & Brooks, 2017). When analysis is restricted to parents with children in foster care, substance misuse emerges a prevalent service need that often co-occurs with domestic violence as well as mental health issues. For instance, Jarpe-Ratner, Bellamy, Yang, and Smithgall (2015) examined assessment data collected from 4089 families (3847 mothers, 2521 fathers) at intake into foster care to classify parents based on similar needs profiles. The largest class of mothers (40% of the sample) was characterized by high rates of substance misuse (53%) and mental health needs (46%), along with moderate rates of domestic violence (31%). When assessing for co-occurring needs among fathers, the second largest class (30% of the sample) was distinguished by high rates of substance misuse (86%) and moderate rates of domestic violence (39%) and mental health needs (25%). Thus co-occurring substance misuse, domestic violence and mental health needs were prevalent for both men and women seeking to be reunified with their children placed in foster care.

Correlates of Domestic Violence among Those with Substance Use Disorders

The correlates of domestic violence have not been examined specifically among child welfare-involved parents with substance use disorders, but prior research has assessed for these associations in individuals at large who are seeking substance use

treatment. Sociodemographic and behavioral factors such as age, race, socioeconomic status, mental health, and substance misuse (form, frequency, and severity) have consistently been predictive of domestic violence victimization and perpetration in those seeking substance use treatment with some important gender differences. For example, Chermack et al. (2001) found that younger age and more frequent use of cocaine were associated with both domestic violence perpetration and victimization, while more frequent use of marijuana was predictive only of perpetration. Race interacted with domestic violence severity, as non-white participants were more likely than white participants to report either no violence or severe violence. Meanwhile, women consistently reported higher levels of psychological distress than men within the subgroups of those who perpetrated violence and those who were victimized. Chase et al. (2003) examined the correlates of domestic violence in a sample of 103 women seeking couples-based treatment for alcohol. Based on self-reports from these women, the authors found that lower annual income and less education were associated with domestic violence perpetration, while more frequent alcohol use by men was linked to perpetration against their female partners.

The Current Study

It should be noted that the primary instrument for measuring domestic violence in these correlate studies was the Conflict Tactics Scale (CTS). The result of using the CTS is that domestic violence is operationalized as individual acts of physical aggression, a narrower definition than conceptualizing domestic violence as a pattern of abuse over time designed to obtain coercive control (Johnson, 2005; Stark, 2007). Scholars have noted the limitations of relying on the CTS, including an inability to identify the context

and motivations of violence which often vary by gender (DeKeseredy & Schwartz, 1998; Kernsmith, 2005; Kimmel, 2002).

The current study goes beyond identifying discrete incidents of physical violence and focuses on a perceived need for domestic violence counseling among child welfare-involved parents with identified substance misuse disorders. Domestic violence is operationalized here using a more comprehensive definition that focuses on coercive control and multiple forms of abuse. The two objectives are to (a) the identification rates of domestic violence counseling needs among child-welfare parents with a substance use disorder, and (b) identify gender-specific correlates of this identified service need. The independent sociodemographic and behavioral correlates included here were selected based on the previously mentioned research and a consideration of those factors that are likely to be available to child welfare workers as they engage in service planning.

Methods

The current study uses a subset of data from a Title IV-E waiver demonstration project in Illinois that provides recovery coaches to child welfare-involved parents with an identified substance use disorder (see Ryan, Choi, Hong, Hernandez, & Larrison, 2008, for a detailed overview). The sample includes custodial parents who were placed into the treatment group of the project (i.e., were assigned a recovery coach) on or after April 28, 2000, in Chicago and suburban Cook County. To be eligible for assignment into the treatment group, parents were required to (a) undergo screening for substance use problems, (b) be classified as in need of substance misuse services, (c) not currently be in receipt of such services, and (d) have had a child removed from the home by protective services. Eligibility was determined by the Juvenile Court Assessment Project (JCAP)

where juvenile court judges or child welfare caseworkers refer parents suspected of substance use at the time of their temporary custody hearing or at any time within 90 days of the hearing. JCAP employs certified clinicians who carry out the necessary screenings to determine if a parent meets the threshold for a recommendation of treatment for a substance use disorder.

Data Sources

The current study utilizes two sets of administrative records compiled as part of the demonstration project. First, information collected during the initial JCAP assessment provides records related to demographic and family characteristics at the time of first screening. JCAP records also provide detailed information on parents' substance of choice as well as substance use frequency and dosage. The second set of records is drawn from the Treatment Record and Continuing Care System (TRACCS). Measures of co-occurring problems and matched services are taken from the recovery coaches' TRACCS reports that were completed during monthly meetings with assigned parents. At these meetings, recovery coaches screen for a number of service needs including legal services, transportation, housing, child care, domestic violence counseling, and mental health services, and then record whether parents have received services for an identified need.

Sample

To be included in the study sample, parents were required to (a) be screened for eligibility in the Title IV-E demonstration project from April 2000 through December 2014, (b) be assigned to the treatment group of the project, and (c) have at least one TRACCS form completed, as this was the administrative record containing information related to

service needs. Of the 2,479 parents assigned to the treatment group during the observation period, TRACCS forms were available for 2,231 parents (90% of those eligible).

Measures

Domestic violence service need. The primary variable of interest in this study reflects whether a recovery coach identified a parental need for domestic violence counseling—related to either victimization or perpetration—during monthly meetings. The Illinois Department of Children and Family Services (2010), referencing Ganley and Schechter (1996), defines domestic violence in its CPS manual as “the establishment of power and control through a pattern of coercive behaviors that include physical, sexual, verbal, and emotional assaults perpetrated by one intimate partner against another”. This definition was operationalized for child welfare workers through the development of a screening tool to identify domestic violence and determine whether a current need for services was present. Recovery coaches also used this screening tool in meetings with parents to determine the presence or absence of a need for domestic violence counseling.

Domestic violence service need was coded dichotomously for this study, with 1 indicating that a caseworker identified the need for domestic violence counseling on at least one TRACCS form, and 0 indicating that the caseworker did not identify such a need on any of these forms.

Mental health service need. Mental health service need was also coded dichotomously, with 1 indicating that a caseworker identified the need for mental health services on at least one TRACCS form, and 0 indicating that the caseworker did not

identify such a need on any of these forms. Mental health service need was included in the current study due to substantial literature on the association of mental health issues with both substance use (Kessler, Chiu, Demler, & Walters, 2005; Regier et al., 1990) and domestic violence (Shorey, Febres, Brasfield, & Stuart, 2012; Tolman & Rosen, 2001; Trevillion, Oram, Feder, & Howard, 2012), along with the high rates of co-occurrence described earlier.

Primary substance used. During intake into the demonstration project, parents were asked which substance they used most often. Responses were classified into one of the following categories: alcohol, cocaine, marijuana, opioids, or some other substance.

Reported history of violence. Parents were asked at intake to report a lifetime history of physical violence victimization and/or perpetration. No distinction was made based on the parent's relationship to the perpetrator or victim. *Reported history of violence* was coded as one of four values: perpetration only, victimization only, both perpetration and victimization, or no history of violence.

Parent sociodemographics. Parents' sociodemographics were drawn from the JCAP assessment forms completed at the time of intake. These include *gender* (male or female), *race* (trichotomized as Black, white, and parents of another race), *age at intake* to the demonstration project, and *education level* (less than high school, high school or GED, and post-high school education). *Marital status* was coded as never married, currently married, or formerly married, with the latter consisting of both divorced and widowed parents due to small cell sizes. *Annual income* was recorded as

either less than \$7,401 or more than \$7,400, with the \$7,400 cutoff point chosen based on the way that income data were listed in the administrative records.

Analytic Plan

Initial analyses used univariate and bivariate statistics to examine the distribution of sociodemographic and service need variables by gender. Bivariate analyses were conducted using Chi-square and t-tests to assess for differences between parents with an identified need for domestic violence counseling and those without a need for such services. Effect sizes were then derived to assess the strength of significant bivariate associations using Cohen's (1988) heuristics (0.10 = small effect, 0.30 = medium effect, 0.50 = large effect). Logistic regression models were then fit to determine adjusted odds of being identified by a recovery coach as in need of domestic violence counseling services. All data cleaning and analysis was conducted in the statistical programming language R (R Core Team, 2016).

Results

Summary Statistics

Women comprised approximately two-thirds (64%) of the overall sample, and a similar proportion identified their race as Black (68%). The mean age for parents was 32.7 years with a range from 17.1 to 65.8. A majority (52%) did not complete high school, and 74% of parents reported never having been married. A considerable share (88%) indicated annual income of less than \$7,400 when asked during intake into the demonstration project. A third of parents were identified as having a concurrent need for mental health services, while more than two-thirds (67%) reported no history of physical violence perpetration or victimization. Parents most often reported marijuana (27%) and

cocaine (27%) as their primary substance. A summary of parents' sociodemographic and service need characteristics is presented in Table 6.

Men and women differed from one another across all variables, although not all effect sizes reached the threshold of 0.10. The strongest effect was observed on age ($d = 0.43$), with women 3.7 years younger than men on average. Women reported lower levels of annual income ($V = 0.11$), were identified at high rates as in need of mental health services ($V = 0.23$), and were overrepresented among those who did not finish high school ($V = 0.11$). In terms of reported history of physical violence ($V = 0.23$), men more often reported perpetration only, and women more often reported victimization only. Men were more likely to report alcohol and marijuana as their primary substance, while women were more likely to report cocaine or opioids ($V = 0.27$).

Comparison of Domestic Violence Counseling Need by Gender

Differences between those with an identified need for domestic violence counseling and those without such a need are presented in Table 7, stratified by gender. At the bivariate level, men with an identified need for domestic violence counseling were more often white ($V = 0.14$) and more likely to have an additional need for mental health services ($V = 0.21$). Men with domestic violence counseling needs were also more likely to report a history of either physical violence perpetration alone, or both perpetration and victimization ($V = 0.15$) than men without a need for domestic violence counseling. Women were overrepresented among those with a need for domestic violence counseling if they were younger ($d = 0.18$), had an additional need for mental health services ($V = 0.27$), and/or reported a history of physical violence victimization or both perpetration and victimization ($V = 0.21$).

Table 6. Summary statistics for parents with substance use disorders

Variable	Overall N = 2231 N (%)	Men N = 802 N (%)	Women N = 1426 N (%)	Test statistic
Race				
Black	1505 (67.5)	548 (68.3)	957 (67.2)	χ^2 (df = 2) = 18.87* V = 0.09
White	475 (21.3)	140 (17.5)	333 (23.4)	
Other	249 (11.2)	114 (14.2)	135 (9.5)	
Age <i>mean (SD)</i>	32.7 (8.5)	35.1 (9.9)	31.4 (7.3)	$t = -9.1$ (df = 1301)* d = 0.43
Marital status				
Never married	1647 (74.0)	554 (69.1)	1092 (76.8)	χ^2 (df = 2) = 16.3* V = 0.09
Currently married	256 (11.5)	112 (14.0)	143 (10.1)	
Formerly married	322 (14.5)	136 (17.0)	186 (13.1)	
Annual income				
Less than \$7401	1931 (87.9)	621 (78.5)	1309 (93.3)	χ^2 (df = 2) = 103.2* V = 0.22
More than \$7400	265 (12.1)	170 (21.5)	94 (6.7)	
Education level				
Less than HS	1154 (52.1)	370 (46.4)	782 (55.2)	χ^2 (df = 2) = 25.6* V = 0.11
High school/GED	786 (35.5)	338 (42.4)	448 (31.6)	
Post-HS education	277 (12.5)	90 (11.3)	186 (13.1)	
Primary substance				
Alcohol	434 (19.6)	227 (28.6)	207 (14.6)	χ^2 (df = 4) = 158.1* V = 0.27
Cocaine	596 (26.9)	123 (15.5)	473 (33.4)	
Marijuana	598 (27.0)	281 (35.3)	317 (22.4)	
Opioids	515 (23.3)	146 (18.4)	367 (25.9)	
Other	70 (3.2)	18 (2.3)	51 (3.6)	
Reported history of physical violence				
No violence	1466 (69.2)	581 (76.6)	884 (65.2)	χ^2 (df = 3) = 116.6* V = 0.23
Victimization only	408 (19.3)	62 (8.2)	345 (25.4)	
Perpetration only	106 (5.0)	66 (8.7)	40 (2.9)	
Both	137 (6.5)	49 (6.5)	87 (6.4)	
Mental health service need				
No	1485 (66.6)	650 (81.0)	835 (58.6)	χ^2 (df = 1) = 115.8* V = 0.23
Yes	746 (33.4)	152 (19.0)	591 (41.4)	
domestic violence counseling need				
No	1378 (61.8)	834 (67.6)	834 (58.5)	χ^2 (df = 1) = 17.6* V = 0.09
Yes	853 (38.2)	592 (32.4)	592 (41.5)	

Note: * $p < .05$; V = Cramer's V; d = Cohen's d

Bolded effects sizes are those that meet Cohen's (1988) threshold for a small effect (i.e., effect size $\geq .10$)

Table 7. Comparison of identified need for domestic violence counseling by gender

Variable	Men		Women		Test statistic
	Identified domestic violence service need	Test statistic	Identified domestic violence service need	Test statistic	
Race	No (N = 542) N (%)	Yes (N = 260) N (%)	No (N = 834) N (%)	Yes (N = 592) N (%)	
Black	394 (72.7)	154 (59.2) ^a	586 (70.3)	371 (62.7)	χ^2 (df = 2) = 9.6* V = 0.08
White	82 (15.1)	58 (22.3) ^a	173 (20.8)	160 (27.0)	
Other	66 (12.2)	48 (18.5) ^a	74 (8.9)	61 (10.3)	
Age mean (SD)	35.5 (10.3)	34.2 (8.9)	32.0 (7.4)	30.7 (7.1)	$t = 3.4$ (df = 1297)* d = 0.18
Marital status					
Never married	384 (70.8)	170 (65.4)	658 (79.4)	434 (73.3)	χ^2 (df = 2) = 7.4* V = 0.07
Currently married	64 (11.8)	48 (16.2)	72 (8.7)	71 (12.0)	
Formerly married	94 (17.3)	42 (18.5)	99 (11.9)	87 (14.7)	
Annual income					
Less than \$7401	433 (80.8)	188 (73.7)	765 (93.6)	544 (92.8)	χ^2 (df = 2) = 0.2
More than \$7400	103 (19.2)	67 (26.3)	52 (6.4)	42 (7.2)	
Education level					
Less than HS	250 (46.4)	120 (46.3)	447 (53.9)	335 (57.1)	χ^2 (df = 2) = 2.1
High school/GED	(42.3)	110 (42.5)	265 (32.0)	183 (31.2)	
Post-HS education	61 (11.3)	29 (11.2)	117 (14.1)	69 (11.8)	
Primary substance					
Alcohol	144 (26.9)	83 (31.9)	109 (13.2)	98 (16.6)	χ^2 (df = 2) = 8.6
Cocaine	85 (15.9)	38 (14.6)	291 (35.2)	182 (30.9)	
Marijuana	189 (35.3)	92 (35.4)	171 (20.7)	146 (24.8)	
Opioids	105 (19.6)	41 (15.8)	225 (27.2)	142 (24.1)	
Other	12 (2.2)	6 (2.3)	30 (3.6)	21 (3.6)	
Mental health service need					
No	471 (86.9)	179 (68.8)	581 (69.7)	254 (42.9)	χ^2 (df = 1) = 101.0* V = 0.27
Yes	71 (13.1)	81 (31.2)	253 (30.3)	338 (57.1)	
Reported history of physical violence					
No violence	418 (80.9)	163 (67.6) ^a	577 (72.6)	307 (58.3) ^a	χ^2 (df = 3) = 58.6* V = 0.21
Victimization only	38 (7.4)	24 (10.0)	161 (20.3)	184 (32.8) ^a	
Perpetration only	34 (6.6)	32 (13.3) ^a	27 (3.4)	13 (2.3)	
Both	27 (5.2)	22 (9.1) ^a	30 (3.8)	57 (10.2) ^a	

Multivariate Logistic Regression Models

Table 8 provides a summary of the logistic regression models used to test the association between study variables and an identified need for domestic violence counseling. With the exception of an identified mental health need, men and women differed across each of the sociodemographic and behavioral correlates included. Race, marital status, income, primary substance used and physical violence perpetration were predictive of a domestic violence counseling need for men, while age, education, and physical violence victimization were predictive for women.

When compared to Black men, non-white men of another race were more likely to be identified as in need of domestic violence counseling (adjusted odds ratio [AOR] = 1.79, 95% confidence interval [CI; 1.12, 2.86]). Married men were also more likely to be identified as having such a need (AOR = 1.81, 95% CI [1.11, 2.82]), as were those men with an annual income greater than \$7,400 (AOR = 1.66, 95% CI [1.11, 2.46]). Men who reported their primary substance to be opioids were less likely to be identified compared to those who reported alcohol as their primary substance. Identification of a concurrent need for mental health services for men was associated with nearly triple the odds of being identified as in need of domestic violence counseling (AOR = 2.83, 95% CI [1.89, 4.24]), while a reported history of physical violence perpetration was associated with just over double the odds of such an identification (AOR = 2.12, 95% CI [1.20, 3.72]). Compared to those who reported alcohol as their primary substance, men who primarily used opiates were less likely to have an identified need for domestic violence counseling (AOR = 0.59, 95% CI [0.36, 0.97]).

Table 8. Adjusted odds of an identified need for domestic violence counseling

Variable	Men		Women	
	Adjusted odds ratio	95% confidence interval	Adjusted odds ratio	95% confidence interval
Race				
Black	Ref	-	Ref	-
White	1.06	0.66 – 1.68	0.98	0.72 – 1.33
Other	1.79	1.12 – 2.86	1.08	0.71 – 1.61
Age				
	0.98	0.97 – 1.00	0.98	0.96 – 0.99
Marital status				
Never married	Ref	-	Ref	-
Currently married	1.81	1.11 – 2.82	1.42	0.95 – 1.88
Formerly married	0.93	0.56 – 1.55	1.31	0.92 – 2.13
Annual income				
Less than \$7401	Ref	-	Ref	-
More than \$7400	1.66	1.11 – 2.46	0.95	0.58 – 1.55
Education level				
Less than HS	Ref	-	Ref	-
High school/GED	0.95	0.66 – 1.35	0.86	0.68 – 1.16
Post-HS education	0.95	0.54 – 1.65	0.67	0.46 – 0.97
Primary substance				
Alcohol	Ref	-	Ref	-
Cocaine	0.75	0.45 – 1.25	0.79	0.55 – 1.14
Marijuana	0.68	0.43 – 1.06	0.92	0.61 – 1.39
Opioids	0.59	0.36 – 0.97	0.85	0.59 – 1.25
Other	0.42	0.11 – 1.41	0.80	0.40 – 1.59
Mental health service need				
No	Ref	-	Ref	-
Yes	2.83	1.89 – 4.24	2.61	2.06 – 3.32
Reported history of physical violence				
No violence	Ref	-	Ref	-
Victimization only	1.45	0.78 – 2.56	1.88	1.43 – 2.47
Perpetration only	2.12	1.20 – 3.72	0.71	0.34 – 1.18
Both	1.52	0.78 – 2.92	2.43	1.47 – 4.06

Note: Bold values represent a $p < .05$ as determined by a 95% confidence interval that does not include 1.

Older women were less likely to be identified by a recovery coach as in need of domestic violence counseling (AOR = 0.98, 95% CI [0.96, 0.99]), as were women with some education beyond high school (AOR = 0.67, 95% CI [0.46, 0.97]). The odds of being identified as in need of domestic violence counseling were greater for women with a concurrent need for mental health services (AOR = 2.61, 95% CI [2.06, 3.32]) and for those women who reported either physical violence victimization (AOR = 1.88, 95% CI [1.43, 2.47]) or both physical violence victimization and perpetration (AOR = 2.43, 95% CI [1.47, 4.06]).

Discussion

The identification of co-occurring domestic violence counseling needs in child-welfare involved parents with substance use disorders has importance beyond establishing a list of issues to be remedied. Substance use treatment is a key element in achieving stable reunification for these families, and the co-occurrence of domestic violence may inhibit effective substance use intervention. Child welfare caseworkers therefore have an incentive to identify these co-occurring needs so that referral can be made to the appropriate services when available. To help caseworkers make this identification, the current study limited its sample to a set of parents with an identified substance use disorder and a child placed into foster care, and used a gender-stratified analytic approach to examine (a) rates of a co-occurring domestic violence counseling need, and (b) gender-specific correlates of this need.

A co-occurring need for domestic violence services was common among parents with a substance use disorder, although such a need was more frequently identified for women (42%) than for men (32%). These rates suggest that domestic violence is a

prevalent concern for effectively treating substance misuse in child welfare-involved families. While integrated treatment approaches have proven effective at addressing co-occurring substance misuse and domestic violence needs, they are not universally available to child welfare-involved families. Child welfare workers must therefore work strategically in devising service plans and consider informing parents about the potential impact of domestic violence on substance use treatment outcomes.

The correlates of this co-occurring need for domestic violence counseling among child welfare-involved parents with substance use disorders generally differed between men and women. Although distinctions could not be made as to whether a recovery coach identified a need for counseling based on domestic violence perpetration or victimization—a limitation discussed below—the multivariate findings offer some evidence that men are probably identified most often as perpetrators and women as victims. For instance, a lifetime history of physical violence significantly predicted a need for domestic violence counseling for both men and women, but in different ways. Men who reported perpetrating physical violence were twice as likely to have an identified need for counseling, while women were twice as likely when they reported physical violence victimization or both victimization and perpetration. This finding is in line with prior research that has shown that men most often initiate physical violence against intimate partners, and that women's use of force is generally a response to ongoing abuse (Jacobson et al., 1994; Larance & Miller, 2016).

Other differences were observed with respect to race, age, marital status, annual income, and education. Married men, men who earned more annually, and men who identified as a race other than Black or white were more likely to be identified as needing

domestic violence counseling, while younger women and those with less education had greater odds of identification. While these demographic correlates can assist child welfare workers in identifying parents with domestic violence counseling needs, the impact of these differences on substance use treatment outcomes is unclear. Prior studies have found mixed results for each of these demographic factors in relation to substance use treatment outcomes (Adamson, Sellman, & Frampton, 2009; McKay & Weiss, 2001).

The strongest predictor of a domestic violence counseling need for both men and women was a concurrent need for mental health services. This is in accordance with the findings of Jarpe-Ratner et al. (2015) who identified classes of parents with frequently co-occurring substance misuse, domestic violence, and mental health needs. Given the prevalence with which these three needs co-occur in child welfare-involved families (Jarpe-Ratner et al., 2015), the association of each with child maltreatment (Barth, 2009), and their ability to complicate intervention (Lipsky et al., 2010), substance misuse, domestic violence, and mental health might rightly be thought of as a child welfare syndemic (see Meyer, Springer, & Altice, 2011, for a discussion of the domestic violence, substance misuse, and HIV/AIDS [i.e., SAVA] syndemic among women). Synergistic relationships between these needs might require the further integration of service delivery beyond existing approaches to the co-occurring disorders of substance use and mental health, and the inclusion of violence interventions in substance use treatment. Future research is also needed to help child welfare workers determine whether and how to order the receipt of services when substance misuse, domestic violence, and mental health supports are all indicated but integrated treatments are not available.

Limitations

There are a number of limitations to the current study that should be mentioned. As previously noted, a distinction was not made between a domestic violence counseling need for perpetration versus victimization. While such a distinction is certainly important for referral to domestic violence services, it may be less so when referring to substance misuse services since domestic violence is not the primary target of intervention. More research is needed to understand the specific dimensions of domestic violence that pose challenges to substance use treatment. Additionally, the sample in this study was drawn from a Midwestern urban county which might limit the generalizability of the findings. Finally, although a strength of this study was the heterogeneity of the primary substances used by parents, regional variations in substance use could produce different results.

Conclusion

The findings of this study make clear that domestic violence is a commonly co-occurring service need for child welfare-involved parents with identified substance use disorders. This co-occurrence presents distinct challenges for successful substance use treatment, an important outcome for achieving child welfare objectives such as stable family reunification. In the short term, the correlates established here can aid caseworkers to identify this co-occurring service need among those with established substance use disorders and factor this co-occurrence into service planning. More broadly, the strong association of mental health needs with the co-occurrence of parental substance misuse and domestic violence for both mothers and fathers raises the possibility of additional challenges to effective substance use treatment when all three

service needs are present. Further research is needed to understand the symbiotic nature of these factors and to develop effective interventions for these parents.

CHAPTER 5 CONCLUSION

The three articles in this dissertation address the role of domestic violence and parental substance misuse in child welfare decision-making and service delivery. Findings indicate that child welfare workers give considerable weight to identified domestic violence and parental substance misuse when making substantiation decisions and determining overall risk, although the nature of that influence was not always as expected. For instance, child welfare workers who attributed substantiated maltreatment directly to domestic violence were significantly less likely to perceive the overall risk of future harm to be high. Results also provide insight into the child welfare-involved families most at risk for co-occurring domestic violence and parental substance misuse. While mothers and fathers differed somewhat in terms of risk factors for this co-occurrence, mental health emerged as the strongest predictor of domestic violence among all parents with identified substance use disorders. Taken together, the findings from these three articles suggest some important implications for child welfare practice, and lay the groundwork for future research.

Improved Documentation of Domestic Violence and Parental Substance Misuse

Screening for domestic violence and parental substance misuse at various stages of child welfare practice (e.g. CPS investigation, initiation of services, intake into foster care, etc.) is now widely recommended by scholars and practitioners based on the large body of evidence associating domestic violence and parental substance misuse with child maltreatment and poorer child welfare outcomes such as lower rates of reunification and higher rates of reentry (National Association of Public Child Welfare Administrators, 2001, 2009; National Council of Juvenile and Family Court Judges, 1999). Findings from this

dissertation suggest that the identification of these factors has a sizable influence on child welfare decision-making. In Chapter 2, the identification of domestic violence and/or parental substance misuse as risk factors independent of the alleged maltreatment considerably increased the probability of substantiation. Similarly in Chapter 3, the identification of both domestic violence and parental substance misuse as risk factors increased caseworker perceptions of overall risk.

However, in this dissertation as in most studies of child welfare practice, domestic violence and parental substance misuse were considered as unified constructs. This limits our ability to understand which dimensions of domestic violence and parental substance misuse are most impactful on child welfare decisions. Child welfare systems should consider refining their methods for documenting childhood exposure to domestic violence and parental substance use, as administrative records provide an important and relatively unobtrusive means of understanding important practice patterns related to these families. More refined documentation can aid in further elucidating the conditions under which these families are most often brought into the system.

Public Health Approach to Child Welfare Practice

The centrality of substantiation in CPS investigations and child welfare service delivery has been roundly criticized not only as unhelpful, but most likely harmful to effectively supporting families and ensuring child safety and well-being (Drake & Jonson-Reid, 2000; Kohl, Jonson-Reid, & Drake, 2009). Child welfare workers serve largely as an extension of the criminal justice system when investigating past maltreatment, and this may impair their ability to assume the role of a supportive, helping professional when attention turns to the prevention of future harm. Additionally, child welfare workers do not

always apply the concept of substantiation as designed. Take the results from Chapter 2 as an example. Child welfare workers were more likely to substantiate an allegation unrelated to domestic violence or parental substance misuse when either or both were identified during routine risk assessment. This suggests that caseworker perception of future risk exerts an influence on decisions about the likelihood of past actions. If workers substantiate allegations when risk is perceived to high, regardless of the evidence that maltreatment occurred, then substantiation functions largely as a proxy for service need rather than an indicator of past abuse or neglect.

In light of the challenges posed by substantiation, a number of scholars have encouraged a move toward a public health model of child welfare practice that places the primary focus on mitigating the risk of future harm, rather than verifying past maltreatment (Covington, 2013; Cross, Matthews, Tonmyr, Scott, & Ouiment, 2012.) A public health model could remove the burden of substantiation investigations on child welfare workers, and allow them to assume a more supportive, allied stance in relation to families that may require additional supports to ensure the safety and well-being of their children. This approach may be particularly useful with respect to domestic violence and parental substance misuse as these are stigmatized issues that families are often reticent to disclose and address.

Integrated Treatment Strategies

Child welfare research has increasingly examined the co-occurrence of parental service needs and the implication of co-occurrence for intervention as did the study presented in Chapter 4. This is likely to be a promising direction for further inquiry given that co-occurring service needs appear to be the norm for child welfare-involved families

(Jarpe-Ratner et al. 2015; Simon & Brooks, 2017). In addition, intervention studies that evaluate integrated treatments for co-occurring problems have shown positive results and suggest that addressing service needs in unison can generate improved outcomes over individualized approaches, and do so more efficiently in terms of time and resources (Chermack et al. 2017). Based on prior studies and the findings in this dissertation, integrated interventions that address parental substance misuse, domestic violence and mental health should be a top priority for future child welfare innovation and research.

Future Research

The findings of this dissertation suggest a number of directions for future investigation, represented by the following research questions:

- What dimensions of domestic violence and parental substance misuse exert the greatest influence on case worker decision-making?
- Does the framing of domestic violence and parental substance misuse in CPS case notes influence subsequent decisions made by judges or foster care case workers?
- What is the threshold at which exposure to domestic violence and parental substance misuse should be considered severe enough to justify removal from the home?
- Does receipt of integrated treatment approaches improve child welfare outcomes such as stable reunification?

APPENDIX
WAYNE STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD APPROVAL

**WAYNE STATE
UNIVERSITY**

IRB Administration Office
 87 East Canfield, Second Floor
 Detroit, Michigan 48201
 Phone: (313) 577-1628
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<http://irb.wayne.edu>

NOTICE OF EXPEDITED APPROVAL

To: Bryan Victor
 Social Work Instruction Un
 4201 St. Antoine

From: Dr. Deborah Ellis or designee J. Wirth, Ph.D / 2.2
 Chairperson, Behavioral Institutional Review Board (B3)

Date: March 13, 2017

RE: IRB #: 032917B3E

Protocol Title: Adult domestic violence and parental substance use in child welfare-involved families: A secondary data analysis

Funding Source:

Protocol #: 1703000388

Expiration Date: March 12, 2018

Risk Level / Category: 45 CFR 46.404 - Research not involving greater than minimal risk
 Research not involving greater than minimal risk

The above-referenced protocol and items listed below (if applicable) were **APPROVED** following *Expedited Review Category (#5)** by the Chairperson/designee for the Wayne State University Institutional Review Board (B3) for the period of 03/13/2017 through 03/12/2018. This approval does not replace any departmental or other approvals that may be required.

- Protocol Summary Form (received in the IRB office 03/02/17)
- Research Protocol (received in the IRB office 03/02/17)
- Medical records are not being accessed therefore HIPAA does not apply
- A waiver of consent and waiver of written documentation of consent for retrospective data collection has been granted according to 45CFR 46 116(d) and 45CFR 46 117(c) and justification provided by the Principal Investigator in the Protocol Summary Form. This waiver satisfies: 1) risk is no more than minimal, 2) the waiver does not adversely affect the rights and welfare of research participants, 3) the research could not be practicably carried out without the waiver and 4) providing participants additional pertinent information after participation is not appropriate.

- Federal regulations require that all research be reviewed at least annually. You may receive a "Continuation Renewal Reminder" approximately two months prior to the expiration date; however, it is the Principal Investigator's responsibility to obtain review and continued approval *before* the expiration date. Data collected during a period of lapsed approval is unapproved research and can never be reported or published as research data.
- All changes or amendments to the above-referenced protocol require review and approval by the IRB **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the IRB Administration Office Policy (<http://www.irb.wayne.edu/policies-human-research.php>).

NOTE:

1. Upon notification of an impending regulatory site visit, hold notification, and/or external audit the IRB Administration Office must be contacted immediately.
2. Forms should be downloaded from the IRB website at each use.

*Based on the Expedited Review List, revised November 1998

Notify the IRB of any changes to the funding status of the above-referenced protocol.

REFERENCES

- Adamson, S. J., Sellman, J. D., & Frampton, C. M. (2009). Patient predictors of alcohol treatment outcome: a systematic review. *Journal of Substance Abuse Treatment, 36*, 75–86.
- American College of Obstetricians and Gynecologists. (2011). Substance abuse reporting and pregnancy: the role of the obstetrician-gynecologist. Committee Opinion No. 473. *Obstetrics and Gynecology, 117*, 200-201.
- Banks, D., Dutch, N. & Wang, K. (2008). Collaborative efforts to improve system response to families who are experiencing child maltreatment and domestic violence. *Journal of Interpersonal Violence, 23*, 876-902.
- Banks, D., Landsverk, J., & Wang, K. (2008). Changing policy and practice in the child welfare system through collaborative efforts to identify and respond effectively to family violence. *Journal of Interpersonal Violence, 23*, 903-932.
- Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children: what is the problem and what can be done to help?. *Addiction, 99*, 552-559.
- Barth, R. P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *The Future of Children, 19*, 95–118.
- Barth, R. P., Wildfire, J., & Green, R. L. (2006). Placement into foster care and the interplay of urbanicity, child behavior problems, and poverty. *American Journal of Orthopsychiatry, 76*, 358-366.
- Baumann, D. J., Dalglish, L., Fluke, J., & Kern, H. (2011). *The decision-making ecology*. Washington, DC: American Humane Association.

- Bellamy, J. L. (2008). Behavioral problems following reunification of children in long-term foster care. *Children and Youth Services Review, 30*, 216-228.
- Berger, L. M., Slack, K. S., Waldfogel, J., & Bruch, S. K. (2010). Caseworker-perceived caregiver substance abuse and child protective services outcomes. *Child Maltreatment, 15*, 199–210.
- Besinger, B. A., Garland, A. F., Litrownik, A. J., & Landsverk, J. A. (1999). Caregiver substance abuse among maltreated children placed in out-of-home care. *Child Welfare, 78*, 221-239.
- Biederman, J., Faraone, S. V., Monuteaux, M. C., & Feighner, J. A. (2000). Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics, 106*, 792–797.
- Bowker, L. H., Arbitell, M., & McFerron, J. R. (1988). On the relationship between wife beating and child abuse. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 158-174). Thousand Oaks, CA: Sage Publications, Inc.
- Brook, J., & McDonald, T. (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review, 31*, 193–198.
- Brook, J., McDonald, T. P., Gregoire, T., Press, A., & Hindman, B. (2010). Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions, 10*, 393-412.
- Cash, S. J. (2001). Risk assessment in child welfare: The art and science. *Children and Youth Services Review, 23*, 811–830.

- Cash, S., & Berry, M. (2002). Family characteristics and child welfare services: Does the assessment drive service provision?. *Families in Society: The Journal of Contemporary Social Services*, 83, 499-507.
- Chase, K. A., O'Farrell, T. J., Murphy, C. M., Fals-Stewart, W., & Murphy, M. (2003). Factors associated with partner violence among female alcoholic patients and their male partners. *Journal of Studies on Alcohol*, 64, 137–149.
- Cheng, T., & Li, A. (2012). Maltreatment and families' receipt of services: Their associations with reunification, kinship care, and adoption. *Families in Society: The Journal of Contemporary Social Services*, 93, 189-195.
- Chermack, S. T., Bonar, E. E., Ilgen, M. A., Walton, M. A., Cunningham, R. M., Booth, B. M., & Blow, F. C. (2017). Developing an integrated violence prevention for men and women in treatment for substance use disorders. *Journal of Interpersonal Violence*, 32, 581–603.
- Chermack, S. T., Walton, M. A., Fuller, B. E., & Blow, F. C. (2001). Correlates of expressed and received violence across relationship types among men and women substance abusers. *Psychology of Addictive Behaviors*, 15, 140–151.
- Child Welfare Information Gateway. (2003, June). *Decision-making in unsubstantiated child protective services cases: Synthesis of recent research*. Retrieved April 14, 2017 from <https://www.childwelfare.gov/pubPDFs/decisionmaking.pdf>
- Choi, S., Huang, H., & Ryan, J. P. (2012). Substance abuse treatment completion in child welfare: Does substance abuse treatment completion matter in the decision to reunify families?. *Children and Youth Services Review*, 34, 1639–1645.

- Choi, S., & Ryan, J. P. (2006). Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice. *Child Maltreatment, 11*, 313–325.
- Choi, S., & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review, 29*, 1395–1410.
- Chuang, E., Wells, R., Bellettiere, J., & Cross, T. P. (2013). Identifying the substance abuse treatment needs of caregivers involved with child welfare. *Journal of Substance Abuse treatment, 45*, 118–125.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: L. Erlbaum Associates.
- Covington, T. (2013). The public health approach for understanding and preventing child maltreatment: A brief review of the literature and a call to action. *Child Welfare, 92*, 21-39.
- Cross, T. P., & Casanueva, C. (2009). Caseworker judgments and substantiation. *Child Maltreatment, 14*, 38–52.
- Cross, T. P., Mathews, B., Tonmyr, L., Scott, D., & Ouimet, C. (2012). Child welfare policy and practice on children's exposure to domestic violence. *Child Abuse & Neglect, 36*, 210-216.
- Davis, S. K. (1990). Chemical dependency in women: A description of its effects and outcome on adequate parenting. *Journal of Substance Abuse Treatment, 7*, 225-232.

- DeKeseredy, W. S., & Schwartz, M. D. (1998). Measuring the extent of woman abuse in intimate heterosexual relationships: A critique of the Conflict Tactics Scales. Retrieved from <http://stoprelationshipabuse.org/wp-content/uploads/2013/06/A-Critique-of-the-Conflict-Tactics-Scales.pdf>
- Dettlaff, A. J., Rivaux, S. L., Baumann, D. J., Fluke, J. D., Rycraft, J. R., & James, J. (2011). Disentangling substantiation: The influence of race, income, and risk on the substantiation decision in child welfare. *Children and Youth Services Review, 33*, 1630–1637.
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., ... & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect, 28*, 771-784.
- Dore, M. M., Doris, J. M., & Wright, P. (1995). Identifying substance abuse in maltreating families: A child welfare challenge. *Child Abuse & Neglect, 19*, 531-543.
- Drake, B., & Jonson-Reid, M. (2000). Substantiation and early decision points in public child welfare: A conceptual reconsideration. *Child Maltreatment, 5*, 227–235.
- Eckenrode, J., Powers, J., Doris, J., Munsch, J., & Bolger, N. (1988). Substantiation of child abuse and neglect reports. *Journal of Consulting and Clinical Psychology, 56*, 9-16.
- Edleson, J. L. (2004). Should childhood exposure to domestic violence be defined as child maltreatment under the law? In P. G. Jaffe, L. L. Baker, & A. Cunningham (Eds.), *Ending domestic violence in the lives of children and parents: promising*

- practices for safety, healing, and prevention* (pp. 8–29). New York: Guilford Press.
- Edleson, J. L., Gassman-Pines, J., & Hill, M. B. (2006). Defining child exposure to domestic violence as neglect: Minnesota's difficult experience. *Social Work, 51*, 167-174.
- Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse–domestic violence treatment approach (SADV). *American Journal on Addictions, 16*, 24–31.
- English, A. (1990). Prenatal drug-exposure: Grounds for mandatory child abuse reports? *Youth Law News, 11*, 3-8.
- English, D. J., Edleson, J. L., & Herrick, M. E. (2005). Domestic violence in one state's child protective caseload: A study of differential case dispositions and outcomes. *Children and Youth Services Review, 27*, 1183–1201.
- English, D. J., Marshall, D. B., Coghlan, L., Brummel, S., & Orme, M. (2002). Causes and consequences of the substantiation decision in Washington State Child Protective Services. *Children and Youth Services Review, 24*, 817–851.
- Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13*, 131–140.
- Famularo, R., Kinscherff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse & Neglect, 16*, 475-483.

- Farley, M., Golding, J. M., Young, G., Mulligan, M., & Minkoff, J. R. (2004). Trauma history and relapse probability among patients seeking substance abuse treatment. *Journal of Substance Abuse Treatment, 27*, 161-167.
- Farmer, E. M., Southerland, D., Mustillo, S. A., & Burns, B. J. (2009). Returning home in systems of care: Rates, predictors, and stability. *Journal of Emotional and Behavioral Disorders, 17*, 133-146.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*, 245-258.
- Findlater, J. E., & Kelly, S. (1999). Reframing child safety in Michigan: Building collaboration among domestic violence, family preservation, and child protection services. *Child Maltreatment, 4*, 167-174.
- Flanagan, J. C., Sullivan, T. P., & Connell, C. M. (2015). Profiles of intimate partner violence victimization, substance misuse, and depression among female caregivers involved with child protective services. *Journal of Family Violence, 30*, 999-1005.
- Fluke, J. D., Chabot, M., Fallon, B., MacLaurin, B., & Blackstock, C. (2010). Placement decisions and disparities among aboriginal groups: An application of the decision making ecology through multi-level analysis. *Child Abuse & Neglect, 34*, 57-69.

- Friend, C., Shlonsky, A., & Lambert, L. (2008). From evolving discourses to new practice approaches in domestic violence and child protective services. *Children and Youth Services Review, 30*, 689–698.
- Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for children's protective services*. San Francisco, CA: Family Violence Prevention Fund.
- Gibbons, C. B., Barth, R. P., & Martin, S. L. (2005). *Substance abuse among caregivers of maltreated children. Unpublished manuscript*. Chapel Hill: University of North Carolina.
- Gillingham, P., & Humphreys, C. (2010). Child protection practitioners and decision-making tools: Observations and reflections from the front line. *British Journal of Social Work, 40*, 2598–2616.
- Grych, J. H., Jouriles, E. N., Swank, P. R., McDonald, R., & Norwood, W. D. (2000). Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology, 68*, 84-94.
- Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children and Youth Services Review, 30*, 199-215.
- Hazen, A. L., Connelly, C. D., Edleson, J. L., Kelleher, K. J., Landverk, J. A., Coben, J. H., ... & Nuzzkowski, M. A. (2007). Assessment of intimate partner violence by child welfare services. *Children and Youth Services Review, 29*, 490-500.
- He, A.S., & Phillips, J. (2017). Interagency collaboration: strengthening substance abuse resources in child welfare. *Child Abuse & Neglect, 64*, 101–108.

- Henry, C. (2014). *Constructing maltreatment: An urban child welfare agency's response to child exposure to domestic violence* (Unpublished doctoral dissertation). University of California – Berkeley, Berkeley, CA.
- Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse, 9*, 84-99.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect, 32*, 797–810.
- Horwitz, S. M., Hurlburt, M. S., Cohen, S. D., Zhang, J., & Landsverk, J. (2011). Predictors of placement for children who initially remained in their homes after an investigation for abuse or neglect. *Child Abuse & Neglect, 35*, 188-198.
- Hughes, J., & Chau, S. (2013). Making complex decisions: Child protection workers' practices and interventions with families experiencing intimate partner violence. *Children and Youth Services Review, 35*, 611–617.
- Hughes, H. M., & Luke, D. A. (1998). Heterogeneity in adjustment among children of battered women. In G. W. Holden, R. Geffner, & E. N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues* (pp. 185–221). Washington, DC: American Psychological Association.
- Illangasekare, S., Burke, J., Chander, G., & Gielen, A. (2013). The syndemic effects of intimate partner violence, HIV/AIDS, and substance abuse on depression among low-income urban women. *Journal of Urban Health, 90*, 934-947.

- Illinois Department of Children and Family Services (2010). Reports of child abuse and neglect (Appendix J: Domestic Violence). Retrieved from https://www.illinois.gov/dcfs/aboutus/notices/Documents/Procedures_300_Appendix_C_to_L.pdf
- Jacobson, N. S., Gottman, J. M., Waltz, J., Rushe, R., Babcock, J., & Holtzworth-Munroe, A. (1994). Affect, verbal content, and psychophysiology in the arguments of couples with a violent husband. *Journal of Consulting and Clinical Psychology, 62*, 982–988.
- Jagannathan, R., & Camasso, M. J. (2017). Social outrage and organizational behavior: A national study of child protective service decisions. *Children and Youth Services Review. Advance online publication.* doi: 10.1016/j.chilyouth.2017.03.015
- Jarpe-Ratner, E., Bellamy, J. L., Yang, D. H., & Smithgall, C. (2015). Using child welfare assessments and latent class analysis to identify prevalence and comorbidity of parent service needs. *Children and Youth Services Review, 57*, 75–82.
- Johnson, M. P. (2005). Domestic violence: it's not about gender—or is it?. *Journal of Marriage and Family, 67*, 1126–1130.
- Kantor, G. K., & Little, L. (2003). Defining the Boundaries of Child Neglect When Does Domestic Violence Equate With Parental Failure to Protect?. *Journal of Interpersonal Violence, 18*, 338-355.
- Kaysen, D., Dillworth, T. M., Simpson, T., Waldrop, A., Larimer, M. E., & Resick, P. A. (2007). Domestic violence and alcohol use: Trauma-related symptoms and motives for drinking. *Addictive Behaviors, 32*, 1272-1283.

- Kernsmith, P. (2005). Exerting power or striking back: A gendered comparison of motivations for domestic violence perpetration. *Violence and Victims, 20*, 173–185.
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 617–627.
- Kimmel, M. S. (2002). “Gender symmetry” in domestic violence: A substantive and methodological research review. *Violence Against Women, 8*, 1332–1363.
- Kitzmann, K. M. (2000). Effects of marital conflict on subsequent triadic family interactions and parenting. *Developmental Psychology, 36*, 3-13.
- Kohl, P. L., & Macy, R. J. (2008). Profiles of victimized women among the child welfare population: Implications for targeted child welfare policy and practices. *Journal of Family Violence, 23*, 57–68.
- Kohl, P.L., Barth, R.P., Hazen, A.L., & Landsverk, J.A. (2005a). Child welfare as a gateway to domestic violence services. *Children and Youth Services Review, 27*, 1203-1221.
- Kohl, P.L., Edleson, J.L., English, D.J., & Barth, R.P. (2005b). Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well-Being. *Children and Youth Services Review, 27*, 1167–1182.
- Kohl, P. L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind findings from a national probability study. *Child Maltreatment, 14*, 17–26.

- Kroll, B. (2004). Living with an elephant: Growing up with parental substance misuse. *Child & Family Social Work, 9*, 129-140.
- Lansner, D. (2008). The Nicholson Decisions: New York's response to 'failure to protect' allegations. *American Bar Association Commission on Domestic Violence E-Newsletter, 12*. Retrieved from: https://www.americanbar.org/newsletter/publications/cdv_enewsletter_home/vol12_expert1.html
- Larance, L. Y., & Miller, S. L. (2016). In her own words: Women describe their use of force resulting in court-ordered intervention. *Violence Against Women*. Advance online publication. <https://doi.org/10.1177/1077801216662340>
- Lee, S. J., Sobeck, J. L., Djelaj, V., & Agius, E. (2013). When practice and policy collide: Child welfare workers' perceptions of investigation processes. *Children and Youth Services Review, 35*, 634–641.
- Levendosky, A. A., & Graham-Bermann, S. A. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence, 16*, 171-192.
- Libby, A. M., Orton, H. D., Barth, R. P., Webb, M. B., Burns, B. J., Wood, P., & Spicer, P. (2006). Alcohol, drug, and mental health specialty treatment services and race/ethnicity: A national study of children and families involved with child welfare. *American Journal of Public Health, 96*, 628-631.
- Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Lipsky, S., Krupski, A., Roy-Byrne, P., Lucenko, B., Mancuso, D., & Huber, A. (2010). Effect of co-occurring disorders and intimate partner violence on substance

- abuse treatment outcomes. *Journal of Substance Abuse Treatment*, 38, 231–244.
- Magen, R. H., Conroy, K., Hess, P. M., Panciera, A., & Simon, B. L. (2001). Identifying domestic violence in child abuse and neglect investigations. *Journal of Interpersonal Violence*, 16, 580-601.
- Marsh, J. C., Smith, B. D., & Bruni, M. (2011). Integrated substance abuse and child welfare services for women: A progress review. *Children and Youth Services Review*, 33, 466-472.
- Martinez-Torteya, C., Bogat, G.A., Von Eye, A., & Levendosky, A. A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development*, 80, 562-577.
- Macdonald, D. I., & Blume, S. B. (1986). Children of alcoholics. *American Journal of Diseases of Children*, 140, 750–754.
- Marcenko, M. O., Lyons, S. J., & Courtney, M. (2011). Mothers' experiences, resources and needs: The context for reunification. *Children and Youth Services Review*, 33, 431-438.
- McKay, J. R., & Weiss, R. V. (2001). A review of temporal effects and outcome predictors in substance abuse treatment studies with long-term follow-ups preliminary results and methodological issues. *Evaluation Review*, 25, 113–161.
- Meyer, J. P., Springer, S. A., & Altice, F. L. (2011). Substance abuse, violence, and HIV in women: a literature review of the syndemic. *Journal of Women's Health*, 20, 991-1006.

- Moles, K. (2008). Bridging the divide between child welfare and domestic violence services: Deconstructing the change process. *Children and Youth Services Review, 30*, 674–688.
- Mowbray, O., Victor, B. G., Ryan, J. P., Moore, A., & Perron, B.E. (in press). Parental substance abuse and foster care re-entry. *Journal of Social Work Practice in the Addictions*.
- Mrug, S., & Windle, M. (2010). Prospective effects of violence exposure across multiple contexts on early adolescents' internalizing and externalizing problems. *Journal of Child Psychology and Psychiatry, 51*, 953–961.
- Murphy, C. M., & O'Farrell, T. J. (1994). Factors associated with marital aggression in male alcoholics. *Journal of Family Psychology, 8*, 321.
- National Association of Public Child Welfare Administrators. (2001). *Guidelines for public child welfare agencies serving children and families experiencing domestic violence*. Washington, D.C.: American Public Human Services Association.
- National Association of Public Child Welfare Administrators. (2009). *A framework for safety in child welfare*. Washington, D.C.: American Public Human Services Association.
- National Council of Juvenile and Family Court Judges. (1999). *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice*. Reno, NV: Author.
- Nicholson v. Scoppetta, 820 N.E.2d 840, 840 (E.D.N.Y. 2004).

- Ogbonnaya, I. N. (2015). Effect of race on the risk of out-of-home placement among children with caregivers who reported domestic violence. *Journal of Family Violence, 30*, 243-254.
- Ogbonnaya, I. N., & Guo, S. (2013). Effect of domestic violence on the risk of out-of-home placement: a propensity score analysis. *Journal of the Society for Social Work and Research, 4*, 198-213.
- Osborne, C., & Berger, L. M. (2009). Parental substance abuse and child well-being: A consideration of parents' gender and coresidence. *Journal of Family Issues, 30*, 341-370.
- Pecora, P. J. (1989). Improving the quality of child welfare services: needs assessment for staff training. *Child Welfare, 68*, 403-419.
- Provencher, A., Gupta-Kagan, J., & Hansen, M. E. (2014). The standard of proof at adjudication of abuse or neglect: Its influence on case outcomes at key junctures. *Social Work & Social Sciences Review, 17*, 22–56.
- R Core Team (2016). *R: A language and environment for statistical computing*. Vienna, Austria. Retrieved from <https://www.R-project.org/>
- Regier, D. A., Farmer, M. E., Rae, D. S., Locke, B. Z., Keith, S. J., Judd, L. L., & Goodwin, F. K. (1990). Comorbidity of mental disorders with alcohol and other drug abuse: results from the Epidemiologic Catchment Area (ECA) study. *Journal of the American Medical Association, 264*, 2511–2518.
- Rice, C., Mohr, C. D., Del Boca, F. K., Mattson, M. E., Young, L., Brady, K., & Nickless, C. (2001). Self-reports of physical, sexual and emotional abuse in an alcoholism treatment sample. *Journal of Studies on Alcohol, 62*, 114–123.

- Rivaux, S. L., James, J., Wittenstrom, K., Baumann, D., Sheets, J., Henry, J., & Jeffries, V. (2008). The intersection of race, poverty, and risk: Understanding the decision to provide services to clients and to remove children. *Child Welfare, 87*, 151–168.
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*, 336-344.
- Ryan, J. P., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect, 32*, 1072–1079.
- Ryan, J. P., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. *Children and Youth Services Review, 28*, 993-1006.
- Ryan, J. P., Perron, B. E., Moore, A., Victor, B. G., & Park, K. (2017). Timing matters: A randomized control trial of recovery coaches in foster care. *Journal of Substance Abuse Treatment*. Advance online publication.
<http://doi.org/10.1016/j.jsat.2017.02.006>
- Schechter, S., & Edleson, J. L. (1995). In the best interest of women and children: a call for collaboration between child welfare and domestic violence constituencies. *Protecting Children, 11*, 6-11.
- Schechter, S., & Edleson, J. L. (1999). *Effective intervention in domestic violence and child maltreatment: Guidelines for policy and practice*. Reno, NV: National Council of Juvenile and Family Court Judges.

- Shaw, T. V., Putnam-Hornstein, E., Magruder, J., & Needell, B. (2008). Measuring racial disparity in child welfare. *Child Welfare, 87*, 23-36.
- Shepard, M., & Raschick, M. (1999). How child welfare workers assess and intervene around issues of domestic violence. *Child Maltreatment, 4*, 148-156.
- Shorey, R. C., Febres, J., Brasfield, H., & Stuart, G. L. (2012). The prevalence of mental health problems in men arrested for domestic violence. *Journal of Family Violence, 27*, 741–748.
- Simon, J. D., & Brooks, D. (2017). Identifying families with complex needs after an initial child abuse investigation: a comparison of demographics and needs related to domestic violence, mental health, and substance use. *Child Abuse & Neglect, 67*, 294–304.
- Stark, E. (2007). *Coercive control: The entrapment of women in personal life*. New York, NY: Oxford University Press.
- StataCorp (2015). *Stata Statistical Software: Release 14*. College Station, TX: StataCorp LP.
- Staton-Tindall, M., Sprang, G., Clark, J., Walker, R., & Craig, C. D. (2013). Caregiver substance use and child outcomes: A systematic review. *Journal of Social Work Practice in the Addictions, 13*, 6-31.
- Stone, N. M., & Stone, S. F. (1983). The prediction of successful foster placement. *Social Casework, 64*, 11-17.
- Testa, M. F., & Smith, B. (2009). Prevention and drug treatment. *The Future of Children, 19*, 147-168.

- Tolman, R. M., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being. *Violence Against Women, 7*, 141–158.
- Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PloS ONE, 7*, e51740.
- Tumlin, K. C., & Geen, R. (2000). The decision to investigate: Understanding state child welfare screening policies and practices (Policy brief A-38). *Assessing the New Federalism*. Washington, D.C.: The Urban Institute.
- Velleman, R., & Templeton, L. (2007). Understanding and modifying the impact of parents' substance misuse on children. *Advances in Psychiatric Treatment, 13*, 79-89.
- Victor, B.G., Ryan, J.P., Moore, A., Mowbray, O., Evangelist, M., & Perron, B.E. (2016). Foster home licensing and risk of reentry to out-of-home care following family reunification. *Children and Youth Services Review, 70*, 112-119.
- Viera, A. J. (2008). Odds ratios and risk ratios: What's the difference and why does it matter? *Southern Medical Journal, 101*, 730–734.
- U.S. Congress (1997). *H. R. 867: The Adoption and Safe Families Act of 1997*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2016a). *Child Maltreatment 2014*. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

- U.S. Department of Health and Human Services, Administration for Children and Families. (2016b). *Definitions of abuse and neglect*. Washington, DC: US Government Printing Office. Retrieved from <https://www.childwelfare.gov/pubPDFs/define.pdf>
- Walsh, C., MacMillan, H. L., & Jamieson, E. (2003). The relationship between parental substance abuse and child maltreatment: findings from the Ontario Health Supplement. *Child Abuse & Neglect, 27*, 1409–1425.
- Walton, M.A., Chermack, S.T., & Blow, F.C. (2002). Correlates of received and expressed violence persistence following substance abuse treatment. *Drug and Alcohol Dependence, 67*, 1–12.
- Whitney, P., & Davis, L. (1999). Child abuse and domestic violence in Massachusetts: Can practice be integrated in a public child welfare setting. *Child Maltreatment, 4*, 158-166.
- Wolock, I., Sherman, P., Feldman, L. H., & Metzger, B. (2001). Child abuse and neglect referral patterns: A longitudinal study. *Children and Youth Services Review, 23*, 21-47.
- Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*, 137–149.

ABSTRACT**DOMESTIC VIOLENCE AND PARENTAL SUBSTANCE MISUSE IN CHILD WELFARE-INVOLVED FAMILIES**

by

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Child welfare workers routinely screen for domestic violence and parental substance misuse given their association with child maltreatment and poorer foster care outcomes such as lower rates of family reunification and higher rates of system reentry. Although childhood exposure to either domestic violence or parental substance misuse in and of itself does not constitute maltreatment in most child welfare systems, workers may consider these factors in their decision-making and service planning when identified. A set of three studies are therefore presented here that sought to determine the impact of caseworker-identified domestic violence and substance misuse on decision-making and service planning using large-scale administrative child welfare records. The first study examined 506,628 allegations of maltreatment unrelated to domestic violence or parental substance misuse and found that identification of either or both of these factors during routine risk assessment considerably increased the probability that an allegation would be substantiated. The second study drew on data from 42,696 protective services investigations in which maltreatment was substantiated to assess the differential impact of domestic violence and parental substance misuse on caseworkers' overall

determination of a child's future risk of harm when considered as general risk factors versus direct contributors to abuse or neglect. Identification of domestic violence and/or substance misuse as risk factors significantly increased the likelihood that a caseworker would perceive a high level of risk for future harm, while attribution of maltreatment to domestic violence was associated with a lower probability that risk would be perceived as high. The third study examined the correlates of a co-occurring need for domestic violence services among a sample of 2231 child-welfare involved parents with an identified substance use disorder. Correlates varied by gender, but an additional need for mental health services was the strongest predictor of co-occurrence for both mothers and fathers. Finally, the implications of these findings for policy and practice are considered along with directions for future research.

AUTOBIOGRAPHICAL STATEMENT

Bryan G. Victor, LMSW earned his Bachelor of Arts degree in Social Relations & Policy from James Madison College at Michigan State University in 2007, and a Master of Social Work degree from the University of Michigan – Ann Arbor in 2012. His social work practice has focused on the areas of domestic violence and LGBTQ health, serving as a shelter- and community-based domestic violence survivor advocate, batterer intervention group facilitator, behavioral interventionist and HIV policy coordinator with non-profit organizations across the United States. As a researcher, his interests center on child welfare-involved families experiencing domestic violence and parental substance misuse, and the role of social work interventions in providing remedial support.